1. PLACE OF County_ Village or Ci

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V. S. No. 1

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| STATE OF | MARYLAND- | CERTIFICATE OF DEATH | 12990 |
|--|--|--|--------------------|
| PLACE OF DEATH | | (50) | |
| County Frederick | | Registration Dist. No. 17 | 32. |
| Village or City Paters vill | (IF | No. St., f death occurred in a hospital or institution, give its NAME instead of street at | Ward |
| Length of residence In city or town where death | | | |
| FULL NAME Mary Al | iae Ahalt | | |
| (a) Residence: No. | | St., Ward. | |
| | (Usual place of abode) | If nonresident give city or town a | and State |
| PERSONAL AND STATISTICA | L PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 1 | SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH YW. 22 (Month) (Day) | , 193 \$ |
| nerried, widowed, or divorced USBAND of Talph Aha | 11 | 22. OLUEREBY CERTLEY, That I attend | ed deceased from |
| E OF BIRTH (month, day, and year) | -16,1883 | I last saw h. alive on Mu 2 1 ,19 | ; deeth Is seld |
| Years Months | Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, atA_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | use wife | were as follows: Carcerna Breat | Date of onset 1931 |
| Mustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc | | asitis | 8/10/35 |
| Date deceased last worked et this occupation (month and year) | 11. Total time (years) spant in this occupation | | |

2. FULL NAM (a) Residence PERSON 3. SEX 5a. If merried, widowe HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE Yea 8. Trade, profession kind of w OCCUPATION SAWYER. Hidustry or I work wes 10 Date decease this occup year) __ Other Cantributary Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Tweever MOTHER TION is very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town (State or country Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Neture of injury_____ 24. Was disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED /// Registrar. (Address) ____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimbre, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example Inc. | | | Example II | |
|---|--|---------------|--|---------------|
| The principal cause of importance were as | death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | DEC 5 1935 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial neph | nitis DE | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| | and a second sec | | | |
| Other contributory car | uses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

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| | E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of | should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should | OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC | / |
| 2 | RD. | YSI | stat | / |
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| | TR | Υ. | 台 | |
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| | PER | 国 | ly c | ery important. See instructions on back of certificate. |
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?.. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) Months 7. AGE Days tf LESS than to have occurred on the date stated above, at. 1 dayhrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Dato deceased last worked at 11. Total time (years) this occupation (month end spent in this Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'opsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| 11 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

AGE should be

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V. S. No. 1

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stated EXACTLY. PHYSICIANS should state

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TION is very important. See instructions on back CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND-CERTIFICATE OF DEATH

| Se. If married, wildowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked af this occupetion (state or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or fown) (State or country) 15. MAIOEN NAME 16. DATE OF BIRTH (month, day, end yeer) 22. IN HEREBY CERT I FY. Thet I attended decessory is a state of the decessed of the dete stated ebove, et. 16. DATE OF BIRTH (month, day, end yeer) 16. DATE OF BIRTH (month, day, end yeer) 17. AGE 18. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 17. Date of Couries of Importance: 18. Trade, profession, or perticular with the profession or perticular with the profession or perticular with the period of the dete stated ebove, et. 19. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance 19. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked af this occupation occupation Other Couries of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or fown) (State or country) 15. MAIOEN NAME 16. DATE OF RETIFICATION AND THE Instended decessory 18. THEREBY CERT I FY. Thet I attended decessory 19. A Couries on the dete stated ebove, et. 19. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance 19. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance 19. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance 19. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance 10. Date of Couries of the Principal Causes of Importance 19. The PRINCIPAL CAUSE OF DEATH end releted causes of Importance 19. The PRINCIPAL CAUSE OF DEATH e | 1. PLACE OF DEATH . | | 98-0 |
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| Village or City Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Se. If married, widowed, or divorced HISBAND of (or) Wilfe of 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days 11 LESS han 1 day, 1 day | County Treferect | | Registration Dist. No. 134 |
| Length of residence in city or town where death occurred the work of the country | Village or City | Relief | |
| 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Se. If married, widowed, or divorced HUSBAND or divorced HUSBAND or divorced HUSBAND or minh. 4. COLOR OR RACE OR DIVORCED ("write the word) 5. DATE OF BIRTH (month, day, end yeer) 7. AGE PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) Se. If married, widowed, or divorced HUSBAND or minh. AUSTRAL ("Month) (Oay) 4. DATE OF DEATH ON DATE OF DEATH ON DATE OF DEATH ON DATE OF DEATH AUSTRAL ("Month) (Oay) 19. THE PEBY CERTIFO. The I attended decess of the decesses of the word was done, as SIK MILL, SAW MILL, BARK, etc. ON Determiness in which was done, as SIK MILL, SAW MILL, BARK, etc. ON Determiness in which was done, as SIK MILL, SAW MILL, BARK, etc. ON Determiness in which was done, as SIK MILL, SAW MILL, BARK, etc. ON DETERMINESS AND AND AND COLUMN AND C | | | death occurred in a hospital or institution, give its NAME instead of street and number) |
| (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Se. If married, widowed, or divorced HUSBAND (Month) (Oay) (Worth (Month) (Oay) (Y) 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Se. If married, widowed, or divorced HUSBAND (Month) (Oay) (Worth (Month) (Oay) (Y) 1. LESS than about (O) 1. JATE OF DEATH 1. LESS than about (O) 1. JATE OF DEATH 1. LESS than about (O) 1. JATE OF DEATH 2. LIFE E BY CERTIFO, Thet I attended decess of limportance were as followy 2. LIFE E BY CERTIFO, Thet I attended decess of limportance were as followy 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Jay (Month) (Oay) 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Jay (Month) (Oay) 1. Lest saw h in elive on 100 / O. 1. Lest saw h in el | Length of residence in city or town where death | occurredmos | ds. How long in U.S. if of foreign birth?yrsmosds |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOWED, OR DIVORCED Comite the word) 5e. If married, widowed, or divorced HUSBARD or Gro, Wilf of State or country) 5. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than I day, hrs., or min. word was done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. AUTE OF DEED HILL, SAWYER, BOOKKEEPER, etc. S. Indicent of the detected causes of importance were as follows: Year of the soccupetion (month and year) Detected cecessed lest worked at the soccupetion (month and year) 13. NAME 14. BIRTHPLACE (city or town). (State or country) (State or country) 15. IMAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURLAL CREMATION, OR REMOVAL Was there en eulopsy Manner of injury. Manner of injury | 2. FULL NAME | res /Jan | ko |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SIRGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 56. If married, widowed, or divorced (co) WiFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than 1 day. hrs. ormin. 1 day. hrs. wind of word done as SILK MILL SAW MILL BANK, etc. 9. Industry or business in wheth Saw Mill, BANK, etc. 10. Dete decessed lest worked af 1 this occupetion (month and year) Other Country) What Is BIRTHPLACE (city or town). (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (CAdoss) 18. BURLAL, CREMAPJON, OR REMOVAL 18. BURLAL, CREMAPJON, OR REMOVAL Was insued to supplied to the supplied of injury. Manner of injury | (a) Residence: No. | | |
| 3. SEX 4. COLOR OR RACE CORDIVORCED (winter the world) Sea . It married, wildowed, or divorced HUSBAN, wildowed, or divorced eccesses and the wildowed, or divorced HUSBAN, wildowed, or divorced eccesses and the wildowed, or divorce | | | |
| Wall Colored OR DIVORCED (white the word) 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) | | | |
| 56. If married, widowed, or divorced HUSBAND of (or) WIFE | | | 21. DATE OF DEATH |
| HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than 1 day, hrs. or. min. About 6 Saw Mill, Bank, etc. 3. Industry or business in which was was cone as SINK MILL, SAW MILL, Bank, etc. 3. Industry or business in which work day or clusters in which work was cone as SINK MILL, Saw Mill, Bank, etc. 3. Industry or business in which work day or clusters in which work was cone as SINK MILL, Saw Mill, Bank, etc. 3. Industry or business in which work day or clusters in which work was cone as SINK MILL, Saw Mill, Bank, etc. 3. Industry or business in which work day or clusters which was considered to the detect stated ebove, etc. m. The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows: Where as follows: 3. Industry or business in which work days as a fine of the country or business in which work was cone as SINK MILL, Saw Mill, Bank, etc. 3. Industry or business in which work days as a fine of the country of the countr | | Single | (Month) (Oay) (Year) |
| 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days 11 LESS than 1 day, hrs. or perticular index of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BARK, etc. 10. Dete deceesed lest worked at this occupetion (month and year) Ciste or country) 23 If AIRTHPLACE (city or town) (State or country) 24 Is BIRTHPLACE (city or town) (State or country) 25 Is BIRTHPLACE (city or town) (State or country) 26 Is BIRTHPLACE (city or town) (State or country) 27 Is BIRTHPLACE (city or town) (State or country) 28 Is BIRTHPLACE (city or town) (State or country) 29 Is BIRTHPLACE (city or town) (State or country) 20 Is BIRTHPLACE (city or town) (State or country) 21 Is MAIOEN NAME 13 NAME 14 BIRTHPLACE (city or town) (State or country) 25 Is BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of Injury | HUSBAND of | 0 | 22 // HERERY CERTIES That Lattended deceased from |
| TAGE Years Months Days If LESS than I day, hrs. or min. About 6 0 Days If LESS than I day, hrs. or min. | (or) WIFE of | TO SEE SEE SEE | /WX/15 1935 to Nox/10 1035 |
| TAGE Years Months Days If LESS than I day, hrs. or min. About 6 0 Days If LESS than I day, hrs. or min. | 6. DATE OF BIRTH (month, day, end yeer) | about 1870 | I lest saw h Less elive on /W/ / D 1975; death is sai |
| Bate Attack profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked af this occupetion (month and year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 18. BIRTHON, OR REMOVAL 19. Industry or business in which work darking the same as followy or any or clustering the same as followy or any or any or clustering the same as followy or any or any or any or any or clustering the same as followy or any | | | to have occurred on the dete stated above, et |
| 8. Frade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked af this occupetion (month and year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or fown) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMAFION, OR REMOVAL Manner of Injury | about 60 | | were as follows |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed lest worked af this occupetion (month and year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMAHON, OR REMOVAL Manner of Injury | 8 Trade profession or perticular | P | - Uate of onset |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed lest worked af this occupetion (month and year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMAFION, OR REMOVAL Manner of Injury | SAWYER, BOOKKEEPER, etc | aborer | |
| Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Other Coutributory Causes of Importance: Other Coutributory Causes o | 9. Industry or business in which | 7 | Wenvillens - several |
| Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Other Coutributory Causes of Importance: Other Coutributory Causes o | SAW MILL, BANK, etc | arey | Caronic noreadily quars |
| Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Other Coutributory Causes of Importance: Other Coutributory Causes o | - I this occupation (month and | spent in this | 1 2/10 |
| (Stete or country) 2 | year) | occupetion | Other Coutributory Causes of Importance: |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. Meme of operation When diagnosis Pyreal (Address) Neme of operation When test confirmed diagnosis Pyreal (Address) Neme of operation When test confirmed diagnosis Pyreal (Address) Neme of operation When test confirmed diagnosis Pyreal (Address) Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Manner of Injury | | waven | |
| Whet test confirmed diagnosis? Whet test confirmed diagnosis? Was there en eutopsy 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Manner of Injury What test confirmed diagnosis? Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | LOW WAY | |
| Whet test confirmed diegnosis? Whet test confirmed diegnosis? Was there en eutopsy 23. If death wes due to externel causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Ospecify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Manner of Injury Whet test confirmed diegnosis? Whet test confirmed diegnosis? Whet test confirmed diegnosis? Whet test confirmed diegnosis? What test confirmed diegnosis? Whet test confirmed diegnosis? What test confirmed diegnosis. What test confirmed diegnosis. What test confirmed diegnosi | II 13. NAME | of tradity | |
| Whet test confirmed diegnosis? Whet test confirmed diegnosis? Was there en eutopsy 23. If death wes due to externel causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? October or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Manner of Injury Manner of Injury | 14. BIRTHPLACE (city or town) - Light | and and | Neme of operation |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place State of County of County and State) Manner of Injury Manner of Injury | (State of country) | THE PARTY OF THE P | What test confirmed diegnosis? Type and was there en europsy? |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of the state of the | 15. MAIOEN NAME | dalin | 23. If death wes due to externel causes (VIOLENCE) fill In also the following: |
| Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place of the public of t | 16. BIRTHPLACE (city or town) | extender. | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Service And | (Stete or country) | À | |
| 18. BURIAL, CREMATION, OR REMOVAL Leel Day 1/1/20 Manner of Injury | | Dutles | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Place to the feel of 1/1/2/1 10-3 A mainer of major | A A A C A A A C A A A C A A A C A A A C A A A C A A A C A A C A A C A A C A A C A A C A A C A A C A A C A A C A C A A C A C A A C | uteburg rul | ••••••••••••••••••••••••••••••••••••••• |
| Neture of injury | p 70 10 | . 11/15/ . 30 | Manner of Injury |
| | r lece | , 19.50 | Neture of injury |
| 19. UNDERTAKER | 19. UNDERTAKER Jo. J. | cuff & | 24. Wes diseese or injury in eny wey releted to occupetion of deceesed? |
| (Addiess) truntable Teed If so, specify will for | (Address) fun | tobyed Teed | If so, specify |
| 20. FILED Mr. 18, 1935 M. F. Shelf (Signed) | 20. FILED Mr 12, 1935 M. 7 | Should | (Signed) M. |
| If more blanks de needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | | - VVVV | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

| Example I | | | Example II | |
|--|---------------|---------------|--|---------------|
| The principal cause of death and r of importance were as follows: | elated causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis DC | 1935 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | IV. S. 1 | July 5,1927 | Peritonitis | 3 days ago |
| have a second and a second a second and a second a second and a second a second and | J. | | | |
| Other contributory causes of important Gallstones | rtance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | | |

| state JPA. | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|---|
| | 1. PLACE OF DEATH | 39 |
| occ | County Tuderick | Registration Dist. No. 2 |
| E / | Village or City Frederick | No. 306 oraclave St., Ward |
| 70 | 1 | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds. |
| AN | 7 01 000 | 1011416 111 01011 01101011 01101111 |
| YSICIANS | 2. FULL NAME Del Blice Board | |
| | (a) Residence: No. 206 (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| Exact st | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| EX. | 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| . F | Junale Mil midoroed | (Month) (Day) (Year) |
| X A C T | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LOwell Mr. Barried | |
| A C | (Or) WIFE OF Louther M. Beard | 22. I HEREBY CERTIFY, That i ettended deceesed from |
| cla | 711-17-1863 | I last saw h = alive on /// 19.37 : death is said |
| stated E properly certificate. | 7. AGE Years Months Deys If LESS than | to have occurred on the date stated above, at |
| stated proper ertific | 7 9 - 8 18 1day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance |
| st: pr | 8. Trade, profession, or particular | were esfollows: Care bras stemorr sas Date of onset |
| be of | kind of work done, as SPINNER Letices SAWYER, BOOKKEEPER, etc. | Hypertensive cardio- |
| may back | 9. Industry or business in which | vasoular dissage |
| - Pro- | work was done, as SILK MILL, O'T SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 6 spanning this occupation) (month and 6 spanning this occupation). | Myecardial Failure |
| (1) to | 10. Date deceased last worked at this occupation (month and year) year) Occupation Occupation | Diebetes Mellitus |
| pplied. AGE erms, so that instructions | m | Other Contributory Causes of importance: |
| | (State or country) | A-1. 3 c (000315 |
| lied ms, | | Dbe sity |
| | T | |
| in t | 14. BIRTHPLACE (city or town) | Name of operation Dete of |
| ully pla t. | | Whet test confirmed diagnosis? |
| be carefully EATH in pla important. | | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| d be car DEATH | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| be EA im | Mus Carrers C Kel. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| F D | (Address) Trederecto De S | Specif whether injury occurred in INDUSTRI, in NOME, OF INFODER FLACE, |
| मूं ० | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| 一回 .产 | Place My others Xlery Date 100-6, 1930 | Nature of Injury |
| CAUSE TION is | 19. UNDERTAKER G.E. Colice + For | 24. Was disease or injury in any wey related to occupation of deceased? |
| HCH | (Address) Federica ned | if so, specify |
| (5) | 20 FILED H- Nov. 1935. Dr. a. h.C. Cinly | (Signed) Pheliot Cura M. D. |
| 0 | Registry. | (Address) 48.2 ml 15 |
| | If more blanks are needed, address State Registrar. | 2411 N. Charles Street Baltimore, Requesting T) S. No. 2 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example, I | Example II | | |
|---|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis Example I Cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Combal homometrical technitis C. S. | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

N. B.

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 12994 |
|---|--|
| 1. PLACE OF DEATH | |
| County Frederic Do | Registration Dig. No. 154 |
| | en alleria de Rigelal |
| Village or City Plan Emmutch | (If death occurred in a hospital or institution, give its NAME in lead of street and number) |
| | ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Laura Sell Bend | Wolf If U. S. Veteran, specify WAR |
| (a) Residence: No. Emulaburg (Usual place of abode) | outped Wald. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX / 4. COLOR OF BACE 5. SINGLE, MARRIED, WIDOWED | 21. DATE OF DEATH () |
| Templo What OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If merried, widowed, or diversed | (Month) (Day) (Year) |
| (or) WIFE of Tomas (Servels) | 1 HEREBY CERTIFY, That I attended deceased from |
| | 1930, to MOV 72 /2, 1935 |
| 6. DATE OF BIRTH (month, day, end year) Seeth 22-187 | I last saw alive on |
| 7. AGE Years Months Days If TSS than | to have occurred on the date stated above, at 2, 15 Pm. |
| 65 21 0 Viormin | The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Electral Wilmonthage |
| SAWYER, BOOKKEEPER, etc. | |
| 9. Industry or business In which work was done, as SILK MILL, and have | U . |
| 10. Date deceesed last worked et his occupation (month end) as spent in this | 4 |
| | |
| ms Comment land | Other Centributery Causes of importance: |
| 12. BIRTHPLACE (city or lown) Commetation (State or country) 13. Warms Comment Shrugely | |
| 13. Rame Emanuel Skrinete | |
| | 7 |
| 14. BIRTHPLACE (city or town) | Neme of operation |
| Cal Call Call | What test confirmed diegnosis? Was there en aulopsy? |
| 15. MAIOEN NAME (Chaling Melling) 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city of town) Amula humple (State or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| (State or country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT LOGIS CLESSES | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 17. INFORMANT CONTINUES THAT DES | |
| 18. BURIAL, CREMATION, OR DEMOVAL Place 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Menner of injury |
| riace 7-11 June 10 Vale - Land 19. 19. 19. | Neture of injury |
| 19. UNDERTAKER M A SURAGU Have | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Shurmyon M | If so, specify |
| 20. FILEO MOR- 23, 1935 M. H. Shreff | (Signed) M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 11 | Example II | | |
|--|---------------|--|------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Property V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

DATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important.

GAUSE OF D

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

| - | L PLACE OF DEA | TH | | | (460) | |
|------------|--|----------------------|--------------------------|---|---|------------------|
| , | . County Fr | ederick | | | Registration Dist. No. | 7 |
| 1 | Village or City O | ldfields | s, R. | F.D. Uni | on NBridge St., death occurred in a horpital or institution, give its NAME instead of street and | Ward |
| | Length of residence in | city or town where d | leath occurred | 1 yrs mos | death occurred in Thorpital or institution, give its NAME instead of street and the downlong in U.S. if of foreign birth? | number) |
| : | 2. FULL NAME | Mary E | lizabeth | Biggus | | |
| | (a) Residence: No. | 0 | ldfields (Usualplace) | Md abode) | St., Ward. If nonresident give city or town an | d State |
| | PERSONAL AT | | | | MEDICAL CERTIFICATE OF DEATH | |
| 3. | A STATE OF THE STA | or or race Black | | RIED, WIDOWED, O (write the word) Pried | 21. DATE OF DEATH November, 8, (Month) (Day) | , 1935 (Year) |
| 5a. | If married, widowed, or div | | | | NEW YEAR | (,,,,, |
| _ | (or) WIFE of Su | mmerfie: | ld Biggu | IS | aug. 30 1935 to Nov-9 | deceased from |
| 6 | DATE OF BIRTH (month, da | N 2 Creek bas ve | 67-7-21 | | not believe | death is said |
| | AGE Yaars | Months | Days | If LESS than | to have occurred on the data stated above, at 0:30 pm. | , 400111 13 3014 |
| | 68 | 3 | 17 | l day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | 1 |
| z | 8. Trada, profession, or particular to the second s | particular | TI . | | | Date of enset |
| 10 | SAWYER, BOOKKE | EPER, etc | Housewi | î'e | Corcinomo of Sur | 1934 |
| OCCUPATION | 9. Industry or businass I work was done, as SAW_MILL, BANK, | SILK MILL. | | | <i>U</i> | |
| S | 10. Data deceased last wo | orkad at 0/7 | 11. Total tin | me (years) 51 | | |
| 0 | this occupation (me | | | tin this JI pation | | |
| | BIRTHPLACE (city or town | Freder | cick Co. | | Other Contributory Causes of Importance: | |
| 12. | (State or country) | | land | *************** | | |
| ER | 13. NAME Jai | mes A.Fi | sher | | | |
| FATHER | 14. BIRTHPLACE (city or t | Fre | ederick | Co. | Name of operation Date of | |
| E. | (State or country) | , | ryland | S.St | What test confirmed diagnosis? | |
| ER | 15. MAIDEN NAME | Louisa | Hill | | 23. If death was dua to external causes (VIOLENCE) fill in also the followin | |
| MOTHER | 16. BIRTHPLACE (city or t | UWIII | ederick | Co. | Accident, suicide, or homicide? Date of injury | - |
| Σ | (State or country) | Ma | ryland | | Whera did Injury occur? | |
| 17. | INFORMANT Sum (Address R. F. D | merfield | Biggus Bridge. | Md. | (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI | le) LACE. |
| 18. | BURIAL, CREMATION, OR | REMOVAL | | | Manner of injury | |
| | PIAldfield | s Centy. | Date NOV | 11,,19.35 | Natura of Injury | |
| 19. | UNDERTAKER | 6.m | Walt | | 24. Was disease or injury in any way related to occupation of deceased? | 200 |
| | (Address) | Winfi | eld, Md | - | If so, specify Oto DINVOUCE | |
| 20. | FILED 7207 10 | 1935 7 | 12 Cui | fruen | (Signed) Of worly rown md. | |
| | | | / | Registrar. | (Address) | |

V. S. No. 1

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| | Example I | 1 | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were a | of death and related causes is follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | IMEGEIVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nep | hritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | DEC 4 1935 | July 5,1927 | Peritonitis | 3 days ago |
| | BURBAU V. S | and and a | | |
| Other contributory | auses of importance: | 1 | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|------------|-------|-----|---------|------------|---------------|-----------|
|------------|-------|-----|---------|------------|---------------|-----------|

| - | |
|-----|--|
| No. | |
| ίs | |
| > | |

| 31. | ATE OF | WAR | LAND- | CERTIFICATE OF DEATH 129 |
|--|--------------------|---------------------|------------------|--|
| 1. PLACE OF DEATH | | | | (2/02/10) |
| County Tred | ener | | thin the norn | Registration Dist. No. |
| Village or City /Lex | w 7n | arke | | death occurred in a horpital or institution, give its NAME instead of street and number |
| Length of residence in city | or town where deat | th occurred | yrsmos | 1 1 1 1 1 1 |
| 2. FULL NAME 2 | ra El | vin. | Blentl | inger / NO VETERA |
| (a) Residence: No. | new ? | Mark (Usual place o | f abode) | St., Orderd If nonresident give city or town and State |
| PERSONAL AND | STATISTIC | AL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH |
| may 4. color of | or race 5. | | (write the word) | 21. DATE OF DEATH (Month) (Day) (Day) |
| 5a. If married, widowed, or divorce | ed | | | (33) |
| (ar) WIFE of | arl Ma | 4 Blen | Minger | 22. HEREBY CERTIFY, That I attended decea |
| | 0 | t. 10 | 1000 | dead 70 (1) |
| 6. DATE OF BIRTH (month, day, e 7. AGE Years 5-3- | Months | Deys | 1880 | to have occurred on the date stated above, et. 8,30 m. |
| 1. AUE 10013 | O | 23 | I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related ceuses of importence |
| No Trade evolucion or posti | | 23 | ormin. | were as follows: |
| 8. Trade, profession, or partikind of work done, as SAWYER, BODKKEEPE | SPINNER, | arm | | Compound frother 13 |
| | | | | of Cally 1000. |
| Industry or business in w work was done, as SIL SAW MILL, BANK, etc. | | | | *************************************** |
| this occupation (month | and | 11. Total tir | tin this | 1// |
| year) - Zurica - 9 | ., . (.7.3.) | - 1 00:01 | pation | Other Cuutributury Causes of importance: |
| 12. BIRTHPLACE (city or town) | Inede | sule | 2 | - Afor py |
| 12. BIRTHPLACE (city or town) (State or country) | n | to be | Tiol . | smell my lendy - found |
| and 1 | done ! | dent | linger | your beside road. |
| 14. BIRTHPLACE (city or town | 1) Fred | endo | | Name of operation |
| (State of country) | ma | ylan | | What test confirmed diagnosis? Wes there an autops |
| 15. MAIDEN NAME Sa | rain | mu | John | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town (State or country) | 1) Free | ten | 7 , | Accident, suicide, or homicide? |
| (State of country) | 1010 | hear | 71 | Where did injury occur? Dale The Shew of the Men (Specify city or town, coming and Sine) |
| 17. INFORMANT | dan | sen - | Minger | Specify whether injury occurred in INDUSTRY, to HOME, or in PUBLIC PLACE. |
| 17. INFORMANT (Address) / O > 18. BURIAL, CREMATION, OR REM | AOVAL ~ | Via | any ma | Manner of injury apparently struct by |
| Place Mr. Oliv | I Camby | Date Zeur | 72,1935 | Nature of injury Company of State of Okel |
| 19. UNDERTAKER | 5 | - | f p | 24. Was disease or injury in eny way related to occupation of deceased? |
| 19. UNDERTAKER Address) | 7 | 6 and | y ev | If so, specify |
| 11 4 24 | 2 | 0) | | (Signed) & Thomas |
| 20, FILED . 19 | 22. NV | L. h. | Registrer. | (Address) Tredersetud |
| | If more bla | nks are needed a | | 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | i | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritisEC 5 1935 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BURBAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

V. S. No. 1

| STATE OF | MARYLAND-CERTIFICATE (| OF D | EATH |
|----------|------------------------|------|------|
|----------|------------------------|------|------|

12997

week

| 1. PLACE OF DEATH | 157-0 |
|--|--|
| County Fredrick | Registration Dist. No. 135 |
| Village or City Walpswice | No. St., Ward |
| Length of residence in city or town where death occurred vrs | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| d/. 1 1 D | mosds. How long in U.S. if of foreign birth?yrsds |
| 2. FULL NAME & hirley (may 091 | ickenswoo |
| (a) Residence: No. (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDON | WED. 21. DATE OF DEATH 2 |
| Tem of White DIVORCED (write the v | 1930 |
| 5e. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 0 01 - 101 | Tead Wien, Dansed, 12 |
| 6. DATE OF BIRTH (month, day, and year) Lune Q (= 19 ? | 1 last saw h alive on, 19; deeth is said |
| by days liday, | To the control of the date stated above, and the manager [1], |
| 8 Trade profession or particular | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | Steel Suddenty |
| 4 9. Industry or business in which | all the second of the second |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | Pakable Carbbe U 0 |
| Spantin this | mallometon & Lach |
| year) occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) // New March 10 (State or country) | |
| The state of the s | 4 |
| E III | |
| Z 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| | What test confirmed diagnosis? Was there an au'opsy? Was there and au'opsy? |
| | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) Washing low | Accident, suicide, or homicide? |
| Kal 1 1 1 1 1 1 | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Property (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place) seem felously Date Dec 2 1 | 9.3.1.3 Nature of injury |
| 19. UNDERTAKER 6 moy for | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Smithsfurts | If so, specify |
| 20, FILED Dec. 2 , 1935 Charles & Leatherne | (Signed) A Jacksel M. D |
| Regis | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| MUNICALI V. S. | | | 1 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

20. FILED 20 - NOV.

M. R. Etchison & Son

Frederick, Md

state

of OCCUPA.

| n | STATE OF MARYLAND- | CERTIFICATE OF DEATH 12998 |
|--------|--|--|
| | 1. PLACE OF DEATH | |
| | County Frederick | Registration Dist. No. 13/ |
| | Village of the Frederick | No. I.O.O.F. Home St. Ward |
| | (If Length of residence in city or town where death occurredyrs,mos. | death occurred in a hospital or institution, give its NAME instead of street and number) |
| | 2. FULL NAME John Adam Cain | ds. How long in U.S. If of foreign birth? |
| | (a) Residence: No. I. D. D. F. Home (Usual place of abode) | USt., Ward Heart State If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR D. VORCED (write the word) White If married, widowed, or divorced | 21. DATE OF DEATH November 19, 193 5 (Month) (Day) (Year) |
| | DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than I day, hrs. or min. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation; 45 | I HEREBY CERTIFY. That I attended deceased from 1925, to Now 19, 1935 I last saw h im alive on 19, 1935; death is said to have occurred on the date stated above, at 7:30 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Date of onset |
| 12. | BIRTHPLACE (city or town) Glen Arm (State or country) Maryland | Other Contributory Causes of Importance: |
| ER | 13. NAME William Cain | // |
| FATHER | 14. BIRTHPLACE (city or town)(State or country) Maryland | Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? No. |
| TER | 15. MAIDEN NAME Rebecca Fuss Cain | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| MOTHER | 16. BIRTHPLACE (city or town) (State or country) Maryland. | Accident, suicide, or homicide? Date of injury, 19 |
| 17. | INFORMANT I.O.O.F. Home (Address) Frederick Maryland | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were a | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | PECEINED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nep | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | DEC 5 1935 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory c | auses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | 1 |

V. S. No. 1

| Registration Dist. No. No. That Start Sta | 3 |
|--|--|
| (If death occurred in a hospital or institution, give its NAME instead of street and nu | 4 |
| (If death occurred in a hospital or institution, give/is NAME instead of street and no yes mos. # 8 ds. How long in U.S. if of foreign birth? 3 / yrs. mos | |
| mosmosmosmosmos | umber) |
| | S |
| Cloudings Tyle U.S. Veteren specify WAR. N.D. | * |
| Taboga a Ward A Among the province chy or town and S | - W. I. |
| CULARS MEDICAL CERTIFICATE OF DEATH | |
| (write the word) | 193 S |
| | 150 |
| 1408/1/ 2010/ 21/ 5 5 5 5 5 | eceased |
| 10.66 | , 19_ |
| 4 | ; death is |
| | |
| vere as follows: | Oate of |
| celling to season a post and | 7 |
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| The state of the s | J |
| t in this and | |
| Other Contributory Cances of importance: | |
| blower of the state of the stat | |
| tales of alsa shope | |
| 2010 | 2 |
| | . |
| 1/20 ma | |
| | |
| | I, 19 _. |
| (Specify city or town, county and State |) |
| Specify whether injury occurred in thousand, in nome, or in postic PLA | UE. |
| Manner of injury | |
| - 3A 133 T | |
| | no |
| If so, specify | |
| (Signed) El Junus | 1 |
| Registrar. (Address) 12 Ald Andrews) | UN. |
| - FC | MEDICAL CERTIFICATE OF DEATH Of currice the word) If LESS than 1 day, hrs. or min. Of min. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | li i | Example II | Sail |
|--|---------------|--|---------------|
| The principal cause of death and relater causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis DEC 5 1905 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis EC 5 1935 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BIBEATI V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

| 1 | 9 | 1 | à | 6 | 'n | 1 |
|---|---|---|---|---|----|----|
| 3 | 3 | 1 | Ţ | 1 | J | Ť. |
| | | | | | | |

| 1. PLACE OF BEATH | | | 92:00 |
|---|---|--------------------------------------|--|
| County Frederick | | | Registration Dist. No. 12 |
| Village or City Frederick | - Lander | | No. 113 West Fifth Street St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where | daath occurred | yrsmo: | sds. How long in U.S. if of foreign birth?yrsmosds |
| 2. FULL NAME Charles | Edward Co | le | If U.S. Veteran specify WAR |
| (a) Residence: No. 113 West | Fifth St (Usual place | | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATIST | ICAL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Male White | 5. SINGLE, MAR OR DIVORCEI Marrie | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH November 2nd 1935 , 193 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Ida St | oner | | 22. / IMEREBY CERTIFY. That I attended deceased from |
| | July 20,18 | 370 | 1 1 1 1 1 1 1 1 1 1 |
| 7. AGE Years Months | Days | If LESS than | to have occurred on the date stated above, at 11:55 Pm. M. |
| 65 3 | 12 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were spoilows: |
| 8. Trade, profession, or particular kind of work done, as SPINN Line SAWYER, BOOKKEEPER, etc. Line work was dona, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) | Newspa 11. Total ti spar occu | | Mitral requirqueston Other Contributory Causes of importance: |
| (State or country) Mary | | | - |
| 13. NAME Charles E. Co | or e | | |
| (State or country) Mary | land | | Name of operation Date of Date of What test confirmed diagnosis? All male of Was there an auropsy? No |
| 15. MAIDEN NAME Na rey N: | ichols | | 23. If death was dua to external causas (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) Mary | and | | Accident, suicide, or homicide? |
| 17. INFORMANT Mrs. Ida S. (Address) Freddrick, Maj | | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Mt. Clivet Cem. | Data Nov | 5,1935, | Manner of injury |
| 19. UNDERTAKER M. R. Etchison | & Son | | 24. Was disaasa or injury in any way related to occupation of decoasady. N.O. |
| (Address) Frederick, Ma | ryland | A . | If so, specify Am On Amily |
| 20. FILED J- nov., 1935. D | a forth | Registrar. | (Signed) Address) Fig. 1 |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE PLA

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SUPERU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1 N. B.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | 210 000 |
| county trederick | Registration Dist. No. /2/ |
| Village or City Frederick | No. CityHospital St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Langth of residence In city or town where death occurred | ds. How long in U.S. if of foreign birth? yrs. mos. ds |
| 2. FULL NAME arthur a. Derice | The state of the s |
| (a) Residence: No. Markex + Patrick Sto | Sideric Hadel areas Audiana |
| (Usual place of abode) | ff nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Swrite the word) | 21. DATE OF DEATH |
| Male Mute Widowed | (Month) (Day) (Yaar) |
| 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attanded deceased from |
| (or) WIFE of many Denny | 22. I HEREBY CERTIFY, That I attanded deceased from |
| 6. DATE OF BIRTH (month, day, and year) fully 28-1880 | I last saw h win_ aliva on |
| 7. AGE Years Months Days If LESS than | to have occurred on the dete steted above, atG & m. |
| 55 3 /9 1day,hrs. | Tha PRINCIPAL CAUSE OF DEATH and reletad causas of importance were es follows: |
| 8. Trade, profassion, or particular | Date of onset |
| kind of work done, as SPINNER Lattle dealer SAWYER, BDDKKEEPER, etc. | moussin 9 / man |
| 9. Industry or business In which work was done, as SILK MILL, | and with a next |
| SAW MILL, BANK, etc | John ramal Herenshuge 15 |
| this occupation (month and 14/3.5 spent in this 15 year) | 0 |
| | Dther Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | |
| 13. NAME Louther a Denier | her acreer |
| | |
| 14. BIRTHPLACE (city or town) (State or country) | Nama of operation 2000 Dete of |
| 15, MAIDEN NAME TO avina V. MC Kinsey | What test confirmed diagnosis? Wes there an eutopsy? West here an eutopsy? |
| Right. | 23. If death was dua to external causes (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide? |
| 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? |
| Harry My Desses | (Specify city whown, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| 17, INFORMANT TO COMPANY AND | opening military occurred in https://www.g.tim.robeto rende. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury auto bacedon 6 |
| Place O etanon Jud Date Nov. 19, 1935 | Nature of injury Concurrin), Prain |
| 10 HADDOTANED Co. E. Coline of Long | 24. Was disease or injury in any way related to occupation of decaased? 24. |
| 19. UNDERTAKER (Addiass) Frederick Med. | If so, specify |
| 00 51150/6: Nov ,312 Ammond | (Signad) & Thomas M. [|
| Registrat. | (Address) Juelentind |
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial rephritispEC 5 1503 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| RUDEAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | ADDITIONAL | SPACE F | FOR FU | JRTHER | STATEMENTS | BY | PHYSICIAN |
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Registrar.

If so, specify

(Signed).

(Address) ...

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PHYSICIANS should state

stated EXACTLY. properly classified.

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See instructions on back of

Exact statement of OCCUPA-

| 1. PLACE OF DEATH County Frederick Village or CityFrederick Village or CityFrederick Length of residence in city or town where death occurred. 19 ys |
|--|
| Village or City Frederick No. Frederick City Hospital St. Ward Length of residence in city or town where death occurred 19 yrsmosds. (If death occurred in a hospital or institution, give is NAME instead of street and number) As How long in U.S. it of toreign birth?yrsmosds. (A color or Race (Unumplace of abode) PERSONAL AND STATISTICAL PARTICULARS SEX A COLOR OR RACE S. SINGLE, MARIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word) ALI married, widowed, or divorced HISSAND of Charles E. Feaga DATE OF BIRTH (month, day, and year) Aug. 26, 1857 AGE Years Months Days If LESS than 1 day,hrs. 3 0 1 day,hrs. 3 0 1 day,hrs. 3 0 1 dayhrs. 3 dayhrs. 3 0 1 dayhrs. 3 0 1 dayhrs. 3 dayhrs. 3 0 1 dayhrs. 3 day |
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| Length of residence in city or town where death occurred 19 yrs |
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| PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE White OR DIVORCED (**write the word) DATE OF DEATH 1. DATE O |
| SEX 4. COLOR OR RACE white s. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) a. If married, widowed, or divorced HUSSAND of Charles E. Feage. DATE OF BIRTH (month, day, and year) Aug. 26, 1857 DATE OF BIRTH (month, day, and year) Aug. 26, 1857 AGE Years Months Days If LESS than 1 day, |
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| 16. BIRTHPLACE (city or town) Germany Accidant, suicide, or homicide? accident Date of injury 9-nov. 19 25 |
| |
| (State or country) Where did injury occur? 105 w. South St Thesk but. |
| 7. INFORMANT Mrs. Bessie M. Poole Specify whethar injury occurred, in INDUSTRY, in HDME, or in PUBLIC PLACE. |
| (Address) 17E. Patrick St., Frederick, Md. |
| 8. BURIAL, CREMATION, OR REMOVAL Manner of injury The Manner of injury |
| Place Mt. Olivet Cem. Fredata 11 / 28 ,135 Nature of injury Clarket Full an Best Res |
| 9. UNDERTAKER M. R. Etchison & Son 24. Wes diseese or injury in any way related to occupetion of deceased? The |
| (Address) Frederick, Md. If so, specify |
| 10. FILE 27- NOV. 19 IRA J. NICCYTY (Signed) Thomas M. D. |

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| | Example I | 1 | Example II | |
|--|-------------------------------|---------------|--|---------------|
| The principal cause of importance were | e of death and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial n | | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | DEC 5 1935 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
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| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
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| THE THE PROPERTY OF POINT PRINCIPLE | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RI | mation should be carefully supplied. AGE should be stated EXACTLY. |
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See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

N. B.—WRITE PLAINLY, WITH

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. STATE OF MARYLAND-CERTIFICATE OF DEATH

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| _1 | 0 | U | U. | 7 |

| : | 1. PLACE OF DEATH | |
|------------|--|---|
| | County tridonche | Registration Dist. No. 144 |
| | Village or City 24 Lewis treve Mld | No. St Ward |
| | Length of residence In city or town where death occurredyrs,mos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos,ds. |
| : | 2. FULL NAME Still born Sufer | 1- gilbert |
| | (a) Residence: No(Usual place of abode) | St., Ward. If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| Je. | I married, widowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceesed from |
| 6. | DATE OF BIRTH (month, day, and year) ///// / 35 | I last saw h |
| 7. | AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date steted above atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| NOI | 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. | Oate of onest |
| OCCUPATION | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | 54 Avet 4/10/35 |
| 000 | 10. Date deceased last worked et this occupation (month end year) | Ola Carlo |
| 12. | BIRTHPLACE (city or town) In Lewis Lown Lee (State or country) | Other Contributory Causes of Importence: |
| FATHER | 13. NAME Cleas & Gellrot | |
| FAT | 14. BIRTHPLACE (city or town) Service to Company (State or country) | Name of operation. |
| ER | 15. MAIDEN NAME Wark E. Kanshuan | What test confirmed diagnosis? as there en eulopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| MOTHER | 16. BIRTHPLACE (city or town) A Constant of Country) | Accident, suicide, or homicide?Oate of injury |
| 3 | INFORMANT Chas & Silling The State of S | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| 10. | Pleco les istour Oate Nov 12 , 1935 | Manner of injury |
| 19. | UNDERTAKER Manager transport | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. | FILED / DV. 12 19 35 lenna M. Jones Registrar. | (Signed) Morris de Burg M. D. (Address) Thurmout Mo |
| | | |

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| Anna and a second control of the second cont | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

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Exact statement

properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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| 1 | 17 | U | UF | 2 1 | |

| 1. PLACE OF DEATH | <u></u> |
|---|--|
| County Treferick | Registration Dist. No. 134 |
| Village or City The the the | No. St., Ward |
| / Co (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred 78 yrsmos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Stepley O Tr | een |
| (a) Residence: No. (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Wale Colored OR DIVORCED (write the word) | Moy 27 1930 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIEY, That I attended deceased from |
| And Instern | Mu 1932 195, to 10 27, 1935 |
| 6. DATE OF BIRTH (month, day, and year) Way 16 59 | Clast saw have alive on Nor 27 ,1935; death is said |
| 7. AGE Years Months Pays If LESS finan 1 day,hrs. | to have occurred on the data stated above, atm. |
| ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEPPER, etc. | Cerebral hemorrhage 11-25-35 |
| SAWYER, BOOKKEEPER, etc. | arterioz claries -) Promoto |
| Industry or business in which work was done, as SILK MILL Jeneral Thank | Augherleurury - 1 mg ago |
| U 10. Data deceased last worked at 11. Total time (years) | |
| this occupation (month and 1930 spent in this 50 occupation) 50 | |
| 12. BIRTHPLACE (city or town) Wr Commellebus | Other Contributory Causes of importance: |
| (State or country) | |
| 13. NAME Loves Roome | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) Marfland | What test confirmed diagnorship will be was there an autopsy? |
| 15. MAIDEN NAME | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicida? Data of injury19 |
| ∑ (State or country) | Where did injury occur? |
| 17. INFORMANT Turo. Julia Jones | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| (Address) Lettelaburg da R. 1. | |
| 18. BURIAL, GREMATION, OR REMOVAL | Manner of injury |
| Place Mr. D. Many Bate // 1930 | Natura of injury |
| 19. UNDERTAKER M. J. Shlipy Jr. | 24. Was disease or injury in any way related to occupation of deceased? 200 |
| (Address) Emitting und | If so, specify |
| 20. FILED. NOV 35, 1935 M. F. Shriff | (Signed) With Lade M. D. |
| FIRE O Kegistrar. | (Address) Cumpling My |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| | Example I | | Example II | |
|--|--|---------------|--|---------------|
| The principal cause of of importance were as f | death and related causes ollows; | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 9,65% | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrit | is Du | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | | July 5,1927 | Peritonitis | 3 days ago |
| | Section Section Control of Section Sec | | | |
| Other contributory caus | ses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|------------------|-----|---------|------------|---------------|-----------|
|------------------|-----|---------|------------|---------------|-----------|

N. B.-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

RD. Every item of infor-

| SIAIL | IN MAK | I LAND | CERTIFICATE OF DEATH | |
|--|------------------------|-------------------------|--|------------------|
| 1. PLACE OF DEATH | | | - Guo | 1 |
| County Frederick | | | Registration Dist. No. 13 | 1 |
| Village or City Frede Length of residence In city or town where | ~ | | No. 228 West Patrick Street St., death occurred in a horpital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth? | Ward |
| 2. FULL NAME William (a) Residence: No. 228 We | Frederick st Patric | k Street | If U.S. Veteran specify WAR. Move | |
| PERSONAL AND STATIST | | | If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH | late |
| 3. SEX 4. COLOR OR RACE White | 5. SINGLE, MARE | RIED, WIDOWED, | 21. DATE OF DEATH November 18th (Month) (Day) | 193 ⁵ |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effic | Hauver | | 22. CLA 20 ,19.36, to | |
| 6. DATE OF BIRTH (month, day, and year) | April 2 | 6,1857 | Hast saw h_im elive on 2007 7 ,19 76; | death is seid |
| 7. AGE Years Months | Days 22 | If LESS than I dey,hrs. | to have occurred on the date stated above, at 5:15. PmM. The PRINCIPAL CAUSE OF DEATH end related causes of importance | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year). 12. BIRTHPLACE (city or town) (State or country) Marylan 13. NAME William Alex 14. BIRTHPLACE (city or town) (State or country) Marylan | Retired F | armer | Other Contributory Causes of Importance: Online Selection. Deta of | Date of one at |
| 15. MAIDEN NAME Sarah 16. BIRTHPLACE (city or town) | Roderick yland | doni ak Md | What test confirmed diagnosis? Was there an au 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE | , 19 |
| 18. BURIAL, CREMATION, OR REMOVAL Mi | ddletown. | | Manner of injury | |
| 19. UNOERTAKER M. R. Etchisco (Addless) Frederick, M. 20. FILED 20 - No V. 1925. And | aryland | wly. | 24. Was disease or injury in any way related to occupation of deceased? 2. If so, specify | M.D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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| Example 1 | - | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis DEC 5 1935 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitud nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

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TATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA County Village or City Length of residence in city or town where death occurred

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. (a) Residence: No. St., (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the would) mari (Year) 5a. If marriad, widowed, or divorced HUSBANO of 22. I HEREBY CERATIFY. That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the data stated above, at 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. wera as follows: Oate of onset 8. Trada, profession, or particular OCCUPATION kind of work dona, as SPINNER. SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc ... 1D. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ----- Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Manner of Injury Nature of injury 24. Wes diseasa or 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED 4W

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Registrar.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 wcek ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cercbral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 13008 |
|--|--|
| 1. PLACE OF DEATH | 119 |
| County Fred Evell | Registration Dist. No. |
| Village or City Renderlesville - | No. St. Ward |
| (If Length of residence in city or town where death occurredyrsmos | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2 FILL NAME Shirley Greno to | ds. How long in U.S. If of foreign birth?yrsmosds. |
| | |
| (a) Residence: No. (Surface of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| Finale White Such | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY. That, I attended deceased from |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decessed from |
| 6. DATE OF BIRTH (month, day, and year) Wy 21, 1935 | I last saw h elive on New Su soud Cheld 1921 12 death is said |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stated above, et |
| 3 26 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Date of onset |
| SAWYER, BOOKKEEPER, etc. | months acy |
| work wes done, as SILK MILL, SAW MILL, BANK, etc. | Chone Fig- Colles unbrown |
| A. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this | Do Az Handin |
| year) occupation | 11-14-38- |
| 12. BIRTHPLACE (city or town) Bushellsvill | Other Contributory Causes of importance: |
| (State or country) | |
| 14. BIRTHPLACE (city or town) Bushallstrill | (Laute Mysearchites 11-1-35) |
| 4 14. BIRTHPLACE (city or town) Lufallsurll | Name of operation Date of |
| (otate of country) | What test confirmed diagnosis? Was there an autopsy?_ko_ |
| 15. MAIDEN NAME Sessie Unifer 16. BIRTHPLACE (city or town) Burla lleville (State or country) | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| o 16. BIRTHPLACE (city or town) Surfallerell | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT CALL TO THE CONTROL OF | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place out Dailey Date/VN 19, 1935 | Nature of injury |
| 19. UNDERTAKER DATE 22 France | 24. Wes disease or Injugy in eny/way related to occupation of deceased? |
| (Address) Essential Mil | If so, specify |
| 20. FILED MAN 18, 1935 less H. S. Hidos | (Signed) MULLOS TO MAN M. D. |
| Registrar. | (Address) |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923 1 year

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | RY | PHYSICIAN |
|--|---------|------|-----------|------------|------|----------------|
| THE PARTY OF THE P | OI ILUI | TOIL | TOTALITIE | DITTELLINE | 47 4 | T TY T OTOTALY |

PHYSICIANS should state AD. Every item of infor-

stated EXACTLY. properly classified.

of OCCUPA.

Exact statement

ARGIN RESERVED FOR BINDING

UNFADING INK-THIS IS A PERMANENT REC mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. N. B.—WRITE PLAMLY, WITH

V. S. No. 1

| | STATE | OF MAR | YLAND | CERTIFICATE OF DEATH | |
|---|--|------------------------------|--|--|---------------------|
| 1. PLACE OF | | | | 940 | 41 |
| County Fr | ederick | | The state of the s | Registration Dist. No | 31 |
| Village or Ci | ity Frederick | | | No. 220 N. Market St., | Ward |
| Length of resid | dence in city or town where | death occurred | | ds. How long in U.S. if of foreign birth? | d number) .mosds |
| 2. FULL NAM | ME Christian | Lewis Cor | rad Lampe | U.S. Veteran specify WAR. None | ************ |
| (a) Residence | ce: No. 220 N. M | | | St., Ward. | |
| PERSON | AL AND STATIST | (Usual place | | If nonresident give city or town a | nd State |
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MAR OR DIVORCE | RRIED, WIDOWED, D (write the word) | 21. DATE OF DEATH Nov. 22nd. | 35 |
| male 5a. If married, widowe | white white | marrie | i | (Month) (Day) | (Year) |
| HUSBANO of | Mary E. Babel | | | Nov. 21, 19 35 to Nov. 22, | d deceased from |
| 6. DATE OF BIRTH (| month, day, and year) Ma. | y 30, 184 | 18 | llast saw h_im_alive on_Nov. 22, 193 | 5 death is sale |
| 7. AGE Year | Months 5 | Days 22 | If LESS than' 1 day,hrs. ormin. | to have occurred on the date stated above, at 3 P/m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| Z Nada, profess | sion, or particular | | | Cerebral hemorrhage | Oate of opact |
| 4 9 Industry or b | ork done, as SPINNER, R BOOKKEEPER, etc | as and Co | | | |
| 10. Date decease this occup | d last worked at 1925 ation (month and | Sp3 | ime (years) 50 nt in this upation | | |
| 12. BIRTHPLACE (city (State or count | | | | Other Cautributary Causes of importance: Angina pectoris | 11/2 |
| 当 13. NAME Ju | lius Lampe | | | | |
| 13. NAME Jul | (city or town) | many | | Name of operation | 2.7 |
| 监 15. MAIOEN NAM | | | | 23. If death was due to external causes (VIOLENCE) fill in also tha following | |
| 15. MAIOEN NAM | , , , | any | | Accident, suicide, or homicide? Date of injury Where did injury occur? | - |
| 17. INFORMANT | iss. May Lampo Frederick, M | | | (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F | tate) PLACE. |
| 18. BURIAL, CREMATI Place_Mt. | on, or removal Fre | ed.MdIl / | ¹ 25 , 1935 | Menner of injury | |
| 19. UNOERTAKER | M. R. Etchiso: Frederick, Mo | | | 24. Was disease or injury in any way related to occupation of deceased? | No |
| 20. FILED 25- 10 | n. , 1935. Ara | S.ms. | andy. | (Signed) Conley (Address) Frederick Mar | wland |

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| Example I | 10 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis DEC 5 1935 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

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PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

| 1 | y item of infor- |
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| , | item o |
| | Every i |
| | RECORD. |
| BINDING | WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every |
| FOR | IS A |
| ARGIN RESERVED FOR BINDING | INK-THIS |
| ARGIN R | UNFADING |
| | WITH |

MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH (149-6)

| County 7/www.com | Registration Dist. No | 11 |
|---|--|-------------------|
| Village or City Brussesch | No | Ward |
| | If death occurred in a horpital or institution, give its NAME instead of street as | |
| Length of residanca In city or town whara death occurradyrsmo | sds. How long in U.S. if of foralgn birth?yrsyrs. | mosds. |
| 2. FULL NAME Comma neve Lee | | Y. Belle |
| (a) Residence: No. Presidence | St., 13-3 Ward. | |
| (Usual place of abode) | If nonresident give city or town | and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | 1 |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH MY . 99 | , 193 |
| 5a. If marriad, widowed, or divorcad | (month) gody) | (1601) |
| HUSBAND of Corl WIFE of Carl Lee | 22. Ar. GIEREBY CERTIFY That lattend | lad deceased from |
| 5. DATE OF BIRTH (month, day, and year) Sefet 5, 1895 | I last saw h alive on 29 193 | ; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 10. m. | |
| 40 2 23 1 day,hrs. | I THE FRINCIPAL CAUSE OF DEATH BIRD FRIED CAUSES OF IMPORTANCE | |
| 8. Trede, profession, or perticular kind of work dona, as SPINNER, | wara as follows: | Date of onset |
| SAWYER, BOOKKEEPER, atc. hts. | Moton the newway | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Date daceased last worked at bis securation (month and | | |
| 1D. Date daceased last worked at this occupation (month and year) | | |
| 12. BIRTHPLACE (city or town) Mary land (State or country) | Dthar Contributory Causes of Importance: | |
| w | | |
| 13. NAME GLO. G. Miller | | |
| 14. BIRTHPLACE (city or town) Maryland (State or country) | Name of operation Date of | f |
| (Stata of Country) | What tast confirmed diagnosis? Was there e | en autopsy? |
| 15. MAIDEN NAME / Latie / Soleman 16. BIRTHPLACE (city or town) - In any land | 23. If daath was due to external causes (VIOLENCE) fill in also the follow | |
| 16. BIRTHPLACE (city or town) Many land | Accident, suicide, or homicide? Date of injury | • |
| (State or country) | | , 13 |
| £ 10 | Where did injury occur? (Specify city or town, county and | State) |
| 7. INFORMANT O and Fee | Spacify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC | PLACE. |
| 8. BURIAL, CREMATION, DR REMOVAL | | |
| Place Brusswick Md Date Love 2 1935 | Manner of Injury | |
| riace / Date Date . 19 9 | Neture of injury | |
| 19. UNDERTAKER Co. H. Feete and Son | 24. Was disease or injury in any way related to occupation of caasad? | |
| (Address) Brunswick md | If so, specify | |
| some bez stles U.S. Iledia | (Signed) Cou / W | V. M.D. |
| 20. FILED Co., 19 08 CM PAID + FATAGETO | (Address) Processarch | mak |

mation should be carefully supplied. AGE should be stated EXAGTLY. CAUSE OF DEATH in plain terms, so that it may -WRITE PLAN V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | i i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| DUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | THE RELEW |

| ADDITIONAL SPACE FOR F | FURTHER STATE | MENTS BY | PHYSICIAN |
|------------------------|---------------|----------|-----------|
|------------------------|---------------|----------|-----------|

item of infor-

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLAMLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

| - 4 | 4 % | 66 | 4 | 1 |
|-----|-----|----|---|---|
| 1 | 0 | IJ | 1 | I |

| 1. PLACE OF | P DEATH | | | 23 | |
|--|--|---------------------------------|--|---|---------------------------|
| County | Frede | rick, | | Registration Dist. No. 13 | 9 |
| | itSTATE SA | NATOI | RIUM. K | death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs | War d number) .mosd |
| 2. FULL NAM (a) Residence | OOTO | Joseph Spark (Usual place | | St., Baltimore, Maryland . | 10 |
| PERSON | AL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | nd State |
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MAR | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH November 16 (Month) (Day) | , 195 |
| 5a. If married, widowe HUSBAND of (or) WIFE of | | Léiben | | 22. I HEREBY CERTIFY, That I attended Feb. 9 35 to Nov. 16 | (Year) od deceased from |
| 6. DATE OF BIRTH (17. AGE Year 29 Year 20 Year | rs Months | ecember Days 25 | e 2I I905 If LESS than 1 day,hrs. ormin. | I last saw him alive on NOV 16 135 to have occurred on the date stated above, at 4.30P M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| J. Industry or b work was SAW MILL | ousiness In which done, as SILK MILL, L, BANK, etc | 32 spei | ime (years) nt in thi 5Yrs . _{Upation} | Pulmonary tuberculosis Other Contributory Causes of importance: | July 1932 |
| (State or count | | land. eiben | • | Fatal Pulmonary Hemorrhage | |
| | (city or town) Maryl | and. | | Name of operation none pos sputum Whet test confirmed diagnosis Chest X-Ray was there are | autopsy? nc |
| 15. MAIDEN NAM 16. BIRTHPLACE (State or 17. INFORMANT (Address) | (city or town)country) Maryl | and. eiben | ind. | 23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and Streetify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC F | ng: ,19 |
| | O. Md. | | | Manner of Injury | |
| 19. UNOERTAKER M. (Address) T | M.L.Creager Thurment, Mo | Me | Registrar. | 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) State Sana torus | no er m. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis DEC 5 1935 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage AU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastrocnteritis | 1 year |
| | | | |

1. PLACE OF DEATH

(Address)

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I ettended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

in mation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | |
| | | | 9 | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

Every

WRITE

OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Registration Dist. No. Jo of death occurred in a hospital or institution, give its NAME instead of street and number) mos.__ _ds. How long in U.S. if of foreign birth? statement PHYSICIAN eteran, specify WA (Usual piace of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the Month) classified. 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.... no 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that instructions 80 12. BIRTHPLACE (city or tow (State or country) supplied. plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or (State or country carefully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important E 23. if death was due to external causes (VIDL ENCE) fill in also the following 16. BIRTHPLACE (city or town) Accident, suicide, or homicide: DEATH (State or country Where did injury occur?. pe (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT pluods OF (Address) 18. BURIAL, CREMATION, OR Manner of injury S CAUSE mation LION Nature of injury to occupation of deceased? (Address) If so, specify (Signed) Registrar. (Addresa) If more blanks are needed, address State Registrar, \$422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis DEC 5 1935 | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Chronic interstitial nephritis | 1915 | Attack of epilepsy Run over by street car | 1 week ago |
| The state of the s | 1921 | Nun over og street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Again Ann An Anna Anna Anna Anna Anna Anna | 1 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| | wek | | WILLIAM | Registration Dist. No. 13 |
|---|--------------------------|------------------------------|---------------------------|--|
| Village or City | udu | -K | Co.(1 | No. St., f death, occurred in a horpital or institution, give its NAME instead of street and number, |
| Length of residence in ci | ty or town where | death occurred | yrs,mo | ds. How long In U.S. if of foreign birth?yrsmos |
| 2. FULL NAME | man | 7 k | ods | |
| (a) Residence: No. | 11.5 | (Usual place | of abode) | 7 ASLECT Warter! If nonresident give city or town and State |
| PERSONAL AN | D STATIST | | | MEDICAL CERTIFICATE OF DEATH |
| 1 | R OR RACE | 5. SINGLE, MAI OR DIVORCE | RRIED, WIDOWED, | 21. DATE OF DEATH 11 27 , 193 9 |
| 5a. If married, widowed, or divo HUSBAND of | rced | | 1 | (Month) (Dey) (Ye |
| (or) WIFE of | 0 | | | Delevered Use said 2 D - has |
| 6. DATE OF BIRTH (month, day | y, and year) | 1-1 | 7-35 | I lest saw held alive on 27 nov 19 35 death |
| 7. AGE Years | Months | Deys | If LESS than | to have occurred on the date steted above, et 6.30f.m. |
| 0 | 0 | 0 | 1 dey,hrs. ormin. | Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Trada, profession, or pa kind of work dona, SAWYER, BOOKKEE | articular as SPINNER, | nin- | 2 | Dates |
| 9. Industry or business in | which | | | Oulf farn 3' |
| Kind of work dona, SAWYER, BOOKKEE 9. Industry or business In work wes done, es S SAW MILL, BANK, a 10. Date deceased last work | | | | |
| O In Date deceased last wor this occupation (more year) | ked at nth end | 11. Total t | ima (years) entin this | |
| | 7. 0 | 000 | upation | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town). (State or country) | | illy i | mD. | |
| 13. NAME Orde | in I | ods | | |
| 13. NAME AND ALL 14. BIRTHPLACE (city or to | wn) ake | on | | Nama of operation |
| (Stata or country) | ah | 0 | 4 | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME | la 7 | nga 17 | arper | 23. If death wes due to axternal ceuses (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or to | wn) Sng | deri | 1 | Accident, suicide, or homicide?, 19 |
| (Stata or country) | my | 9 | | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT (Addrass) // 5 | 5/251 | ous | <i>k</i> 5 | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR RI | | udever | week mo | Manner of injury |
| TO. DONNIE, ONLINE, TOTAL ON MI | et Cem | Deta Mar | - 25,1936 | |
| Place Mt Olive | | | | |
| M11+100. | Citch | son of | Son | 24. Wes disease or injury In any way related to occupation of deceased?/V |

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis DFC 5 1905 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial hephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago | |
| Annual Annual Subface of Theorem Agencies of the Printer Subsection and Annual Subface of Theorem Agencies of the Subface of Theorem Agencies of Theorem Age | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1

| | STATE OF MARYLAND— | CERTIFICATE OF DEATH 13015 |
|------------|--|---|
| 1 | . PLACE OF DEATH | 12/ |
| | County Inedericks | Registration Dist. No. |
| | Village or City Frederick | No. 2126. Felther Ward |
| | Length of residence in city or town where death occurredyrsmas | death occurred in a horpital or institution, give if NAMY Instead of street and number) |
| 2 | FULL NAME Baley Find La | WOS, Veteran specify WAR |
| | (a) Residence: No. 7-17 (8) 5 th | St., Ward. |
| | (Usual place of abode) | If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3.8 | Longlo white OR DIVORCER (vorte the word) | 21. DATE OF DEATH (Month) (Day) (Yeer) |
| 5a. | If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY GERTIFY That I attended deceased from |
| 6 1 | DATE OF BIRTH (month, day, and year) Now . 27, 1935 | Hast saw hea give on Nov 27 a 1935: death is said |
| 7. / | | to heve occurred on the date stated above, et |
| | O O I day, O hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| z | 8. Trade, profession, or particular kind of work done, es SPINNER, | Date of onset |
| 읦 | SAWYER, BOOKKEEPER, etc. | \ <u>\</u> |
| UPA | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | Matthey |
| OCCUPATION | 10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation occupation | Stal born |
| 12. | BIRTHPLACE (city or town) Masslow | Other Contributory Causes of importence: |
| | (State or country) | |
| ER | 13. NAME flex & Java | |
| FATH | 14. BIRTHPLAGE (city or town) Middle Laute | Name of operation Dete of |
| - | (State or country) | What test confirmed diagnosis? Was there an au'opsy?\ |
| OTHER | 15. MAIDEN NAME Mary a. Smith | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| MOM | 16. BIRTHPLACE (city or town) la alpera ello | Accident, suicide, or homicide? Date of injury, [9 |
| 2 | (State or country) | Where did injury occur? (Specify city or town, county and State) |
| | (Address) Te de mala hum | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. | BURIAL, CREMANON, OR REMOVAL Watherwell | Manner of injury |
| _ | Place 1 1 2 8 , 1935 | Nature of injury |
| 19 | UNDERTAKER / / polowie of San | 24. Wes disease or injury in early way heleted to occupation of deceased? |
| | (Address) 400 acres 1811 | If so, specify |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, ctc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | No. of Concession, Name of Street, or other Desires, Name of Street, or other Desires, Name of Street, Original Property and when the Party and the Street, Name of Street, Na | | Example II | | |
|--|--|---------------|--|---------------|--|
| The principal cause of death and relate of importance were as follows: | d causes | Bate of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis DEC 5 | 1005 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 2007 | 1921 | Run over by street-car | 1 week ago | |
| Cerebral hemorrhage BIIDEAI | IVS | July 5,1927 | Peritonitis | 3 days ago | |
| | | | | | |
| Other contributory causes of importance | e: | | Other contributory causes of importance: | | |
| Gallstones | 5. | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

-WRITE PEAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

1 10 13 1 13

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | |
| County Frederick | Registration Dist. No. |
| Village or City / Der Creages lower | NoSt.,Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Grarles Henry Gran | 1-Lona |
| (a) Residence: No. Creamerstown | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WHE of Comy for Long | 10le 13 1932 to Nov 10 1935 |
| 6. DATE OF BIRTH (month, bay, and year) 71116 22 - 1864 | I last saw have alive on NOV 1 10 1934 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 1, 40 pm. |
| 7/ 18 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| R Trade profession or particular | Brengery Seat I in the restum, cut & about |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and etc.) 11. Total time (pairs) spent in this | Caremonia of 5- year |
| Mindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Intestines - motology |
| ID. Date deceased last worked at / 13 11. Total time (years) | Stornagh aprol S |
| this occupation (month and spant in this occupation 60 | Leff-lots of liers - |
| 12. BIRTHPLACE (city or town) 22 aryland | Other Contributory Causes of importance: |
| (State or country) | some hospital in Baltimons a partier of his |
| 13. NAME Edward Long | - Forel was servored |
| 14. BIRTHPLACE (city or town) Pronford | Name of operation |
| (State or country) | What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Sarah Dutrow | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Sarah Mutrour 16. BIRTHPLACE (city or town) (State or country) | Accident, sulcide, or homicide? |
| (State or country) Wary Land | Where did injury occur? (Specify city or lown, county and State) |
| 17. INFORMANT MASSING STATES (Address) Beker King Garage | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Rocky Redge Date 100 13 , 1935 | Nature of injury |
| 19. UNDERTAKER Millheder Creeger (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED MOV. 12, 1935 anna M. Poses Registrar. | (Signed) 6 Q, Stulla M.D. (Address) Woodsbard Md. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| | Example I | | Example II | | |
|--|-----------------------------------|---------------|--|---------------|--|
| The principal cause of importance were a | death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | DEC 4 1985 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronie interstitial nepl | hritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BUSEAU V. S. | July5,1927 | Peritonitis | 3 days ago | |
| | | | | | |
| Other contributory ea | auses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| M | | | | | |
| | | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANENT R. mation should be carefully supplied. AGE should be stated EXAGTEX | | K | \mathcal{A} |
|---|----------|-----------|---------------|
| WRITE PLANKLY, WITH UNFADING INK-THIS IS A mation should be carefully supplied. AGE should be stated | DITTOIT | PERMANENT | EXACPLY |
| WRITE PLANKLY, WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be | TOTA | IS A | stated |
| WRITE PLANKY, WITH UNFADING INK mation should be carefully supplied. AGE sh | תבו אינו | THIS. | ould be |
| WRITE PLANKLY, WITH UNFADI | TOTAL | NG INK | AGE sho |
| -WRITE PLANTY, WITH mation should be carefully | MIDNIE | UNFADI | supplied. |
| -WRITE PLANT | | Y, WITH | carefully |
| -WRITE | | PLAMI | hould be |
| | | -WRITE | mation s |

ECORD. Every item of infor-PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate. it may

CAUSE OF DEATH in plain terms, so that

N. B.-WRITE PLAMLY,

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 23 |
|--|--|
| County Frederick | Registration Dist. No. 139 |
| Village or CITY TATE SANATORIUM M | No. St Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. |
| 2. FULL NAME Anna Mae Lord. | |
| (a) Residence: No. Ridgely, Caroline, Co. (Usual place of abode) | St., Ward. Waryland • If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MATTIEC | 21. DATE OF DEATH November, 3 (Month) (Day) (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of R. Lord. | 22. I HEREBY CERTIFY, Thet I attended deceased from July 6 ,35 ,to Nov. 3 19.35 |
| 6. DATE OF BIRTH (month, day, end year) June 8 1913 | I last saw h er alive on Nov 2 1935 ; deeth is seid |
| 7. AGE Yeers Months Days If LESS than 1 day,hrs. | to have occurred on the date stated ebova, at 7.e. 45A.mM. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows: |
| 9 Tunda profession on auticula- | Date of onset |
| SAWYER, BOOKKEEPER, etc. Housewife | |
| 9 Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc | Pulmonary Tuberculosis Oct. |
| SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SPINNER. HOUSEWIFE 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked et this occupation (morn per) spant in this 2Yrs occupation. | 1931 |
| 12. BIRTHPLACE (city or town) (Stata or country) Maryland. | Other Contributory Causes of importance: |
| | Tuberculous Laryngitis |
| 13. NAME William Walls. 14. BIRTHPLACE (city or town) Maryland. | Nama of operation none Pos Sputum |
| (State of Country) WELL Y LATTE. | What test confirmed diegnosis Chest X Ray Was there an europsy? NO |
| 15. MAIDEN NAME Laura Tribbitt. 16. BIRTHPLACE (city or town) (State or country) Maryland. | 23. If death wes dua to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? |
| 17. INFORMANT Anna Mae Lord. (Address) Ridgely. Md. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Ridgely, Md. Date Unknown. 19 | Menner of injury |
| 19. UNDERTAKER M. L. Creager. (Address) Thurmont, Md | 24. Wes diseese or injury in any wey related to occupation of deceesed? DO |
| 20. FILED LL J. 19 Registrar. | (Signed) Slewart & Maffer M.D. (Address) State Sanatorin Ma |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | i i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis RECED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage DEC 5 1985 | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|------------|-----------|---------|------------|---------------|-----------|
| | | | | | |

| 1 | . PLACE OF DEA | TH OF | MAR | ILAND— | CERTIFICATE OF DEATH | 010 |
|---|---|-----------------------------|------------------------|--|--|--------------------|
| | | ederick | | | Registration Dist. No. | 37 |
| | Village or City - U | | eP | F D. Mt. | | |
| | med BPL med and | | | (If | f death occurred in a hospital or institution, give its NAME instead of street and | number) |
| | | | | | sds. How long in U.S. if of foreign birth?yrsm | osds. |
| 2 | . FULL NAME | | | | | |
| | (a) Residence: Np. | Unio | Onvill (Usual place | e Md. | St., Ward. If nonresident give city or town and | State |
| | PERSONAL AN | ND STATISTICA | AL PARTI | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. | | White 5. | OR DIVORCE | RIED, WIDOWED, D (write the word) ried | 21. DATE OF DEATH November, 30, (Month) (Day) | ., 193 5 (Year) |
| 5a. | If married, widowed, or div | | | | | 7-2-2-11 |
| | (or) WIFE of MO1 | nroe Lown: | an | | 22. HEREBY CERTIFY, that I attended 13,1935, to 10 3 | deceased from |
| 6 | DATE OF BIRTH (month, de | av and waar) 300 | 677 | | I last saw h. L.Y. alive on BUV 3.0 19.30 | death is said |
| | AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, at 1:40am. | _, 00011110 0010 |
| | 39 | 4 | 29 | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | , |
| z | 8. Trade, profession, or p | particular | | | THE US INTONS. | Data of onset |
| 110 | | , as SPINNER, EPER, etc. | Housew | ife | Carcinoma Rectum | 1937 |
| JPA | 9. Industry or business i work was done, as SAW MILL, BANK, | in which SILK MILL, | | | | |
| OCCUPATION | 10. Date deceased last wo | orked et | 11. Total ti | me (years) | - | - |
| 0 | this occupation (mo | onth and 10/34 | sper occu | ntin'this pation | | |
| 12 | BIRTHPLACE (city or town | Freder | ick Co |) . | Other Contributory Causes of Importance: | |
| 12. | (State or country) | Maryl | and | | _ | - |
| ER | 13. NAME Ja | cob O. Wil | liar | | | |
| FATHER | 14. BIRTHPLACE (city or t | own) Freder | ick Co |). | Name of operation Date of | - |
| _ | (State or country) | Mary | land | | Whet test confirmed diagnosis? Was there an | |
| MOTHER | 15. MAIDEN NAME | Bertha | | | 23. If death was due to external causes (VIOL ENCE) fill in also the following | g: |
| OTI | 16. BIRTHPLACE (city or t | | rick (| lo. | Accident, suicide, or homicide? Date of injury | , 19 |
| (State or country) Maryland. | | | rland. | | Where did Injury occur? (Specify city or town, county and Sta | |
| 17. INFORMANT Monroe Lowman, (Address) R. F. DMt. Airy, Md. | | | n, v.Md. | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | ACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | | | | | Manner of injury | |
| Place Linganore Cemtypate Dec. 3., 1935. | | | Date_Dec | | Nature of injury | |
| 19. | 19. UNDERTAKER 6.M Waltz. | | | | 24. Was disease or injury in any wey related to occupation of deceased? | |
| | (Address) | Winfield | ,Ma, | | If so, specify | |
| 20. | FILED ON V | 19 M Dec | Mu | n | (Signed) J. W. Legg | M. D. |
| | | | 1 | Registrar. | (Address) (1111) (211) | mal |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related cause of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| JAN 3 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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19. UNDERTAKER

(Address)

item

CORD. Every

3.19.35 Nature of Injury 24. Was disease or injury in eny way related to occupation of deceased If so, specify (Signed). Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis PECEINED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage DEC 5 1963 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

STATE OF MARYLAND—CERTIFICATE OF DEATH

| | 1. PLACE OF DEATH | & |
|-----------------|---|---|
| | county Fulrick | Registration Dist. No. |
| | Village or City Brunswich - | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | Length of residence in city or town where death occurredyrs,mos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| | 2. FULL NAME THAT YEAR | |
| | (a) Residence: No. Polluturch (Usual place of abode) | Ward. If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3. SEX 4. COLOR OR RACE OR DIVORCED (peric the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| e. | 6. DATE OF BIRTH (month, day, and year) // - /9-35 | I last saw h; death is seld |
| certificate. | 7. AGE Years Months Days If LESS than I day,hrs. ormin. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| of ce | 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. | |
| back | 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Date decased last worked at this occupation (month and | Sulbul |
| s on | 10. Date deceased last worked at this occupation (month and spent in this year) occupation | (5 mours) |
| instructions on | 12. BIRTHPLACE (city or town) Suurgerale (State or country) | Dther Contributory Causes of importance: |
| inst | # 13. NAME Jay Willow Morn | |
| See | 14. BIRTHPLAGE (city or town) Martin Abush (State or country) | Name of operation. Date of |
| | E 15. MAIDEN NAME Edna Campa | What test confirmed diagnosis? Was there an autopsy? |
| important. | 16. BIRTHPLACE (city or town) Tour of Reclus - (Stete or country) | Accident, suicide, or homicide |
| | 17. INFORMANT Wyllow Moray (Address) | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| is very | 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| | Place June Dete un 1997 | Nature of injury |
| TION | 19. UNDERTAKER & A Fuch + Song (Address) | 24. Was disease or injury in any way related to occupetion of deceased? |
| | 20. FILED lev ex , 19 35 hrs H. S. Heloco Registrar. | (Signed) (Address) A A A A A A A A A A A A A A A A A A |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.—WRITE PL.

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RD. Every item of infor-PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RI

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

ARGIN RESERVED FOR BINDING

stated EXACTLY.

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonilis Perilonilis | 3 days ago |
| | | a a A i a a a a i | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstonés | May 1,1923 | Gastroenteritis | 1 year |
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| 6 | | | |

V. S. No. 1 N. B.

| STATE OF MARVIAND | CERTIFICATE OF DEATH | | |
|--|---|--|--|
| 1. PLACE OF DEATH | 10021 | | |
| County Trederick | Registration Dist. No. 131 | | |
| / Village of City Frederick | No Moher College Deson Ward | | |
| (If Length of residence in city or town where deeth occurred 57 yrs | death occurred in a hospital or institution, give its MAME instead of street and number) | | |
| 2. FULL NAME Mary Edua Mary | Key If U. S. Veteran, specify WAR No | | |
| (a) Residence: No. Upper College dur | a Re Ward. | | |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH | | |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. | 21. DATE OF DEATH | | |
| Thusle white hearted | (Day) (Year) | | |
| 5e. If married, widowed, or divorced HUSBAND of | 22. LHEREBY CERTIFY, Thet lattended decessed from | | |
| (or) WIFE of Dohn Markey | at 1930, w/ 22 20 135 | | |
| 6. DATE OF BIRTH (month, dey, and year) 1883 | I last sew h last sew | | |
| 7. AGE Years Months Deys If LESS then 1 day, | to heve occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance | | |
| 8 Trade pentassion or particular | were es follows: | | |
| A. Hade, professing, or perturbing the kind of work done, es SPINNER, the SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceesed lest worked at Child. 11. Total time (years) This occupation (month and | 1929 | | |
| 9. Industry or business in which work was done, as SILK MILL. | Colored & Bemorts Get | | |
| | 1337 | | |
| year) occupation | Other Contributory Causes of Importence: // | | |
| 12. BIRTHPLACE (city or town) (Stete or country) | College Genry | | |
| 13. NAME Lovenzo E. Mulling | 1 6936 | | |
| 13. NAME Covergot. Mulling 14. BIRTHPLACE (city or town) Frederick | Neme of operation Dete of | | |
| (State of country) | Whet test confirmed diegnosis? Wes there en autopsy 2 | | |
| 15. MAIDEN NAME Many Hendrickson 16. BIRTHPLACE (city or town) Trederick Co. | 23. If deeth was due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? | | |
| (Stete or country) | Where did injury occur? | | |
| 17. INFORMANT Col. D. John Trackey | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | | |
| (Address) frederick had | Managediation | | |
| Plece NY Olive Cena Date Nov. 25, 1935 | Manner of Injury | | |
| 19. UNDERTAKER 6. E. Clice 44 og (Address) Frederick hid | 24. Wes disease or injury in any wey related to occupation of deceased? | | |
| 20. FILED 25 - NOV., 135 In . h. Curey Registrary | (Signed) Hull Holl M. D. (Address) M. D. | | |
| If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Bequesting G. A. Hall | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrilis E. CE VED | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage DEC 5 1935 | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
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STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH should item of Registration Dist. No. death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S.If of foreign birth?_____yrs.____mos. statement SORED. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT XACTL narries classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 22. (or) WIFE of F certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the data stated above, at 3 . . m. stated 1 day,hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance __min. were as follows: 8. Trade, profession, or particular WITH UNFADING INK-THIS OCCUPATION kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, etc back may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked et no 11. Total tima (years) this occupation (menth and vaar) spent in this AGE that occupation ___ instructions S 12. BIRTHPLACE (city or town supplied. (State or country) plain terms, FATHER See 14. BIRTHPLACE (city or town) Name of operation_ (State or country) should be carefully What test confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME E 23. If death was due to externel causes (VIOL ENCE) fill in also the tollowing: Accident, suicide, or homicida? DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATA Manner of injury WRITE TION is CAUSE mation Natura of Injury ... 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify 2 (Signed). (Address)

193 5

(Yaar)

Date of onset

If more blanks are needed, address State Refisirar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I | [] | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstition nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributor causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| | | |
|------|--|------|

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 13023 |
|---|---|
| 1. PLACE OF DEATH | (Bh:a) |
| County tudinica md. | Registration Dist. No. 138 |
| Village or City New Markex | No. St., Ward |
| (If | death occurred in a horpital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U.S. if of foreign birth?yrs,mosds. |
| 2. FULL NAME Vista Um fu | orsell |
| (a) Residence: No. Near Reco Market | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Terus OR DIVORCED (write the word) | Nov 16 1935 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 00 11 - 10/10 | July 8, 193), to Mou (6, 193) |
| 6. DATE OF BIRTH (month, day, and year) Meh 25-0 X3 | I last saw her lalive on Nov 13 1935; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at 10,30.7m. |
| 927724 ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, Kelling SAWYER, BOOKKEEPER, etc. | greeia & Clerocci /925 |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which | Myanic Heart descare 1930 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | flactured relive July 8 |
| 0 10. Date deceased lest worked at 11. Total time (years) | 4 /33) |
| this occupation (month and spant in this year) occupation | |
| 12. BIRTHPLACE (city or town) Maledon Ceretic | Other Contributory Causes of importance: |
| (State or country) Ny | |
| 13. NAME M. B. Droisell | |
| 13. NAME 13. ONORSELL 14. BIRTHPLACE (city or town) Belleville | Name of operation Date of |
| (State of eschit(y) | Whet test confirmed diagnosis? Was there an au'opsy? 2 |
| 15. MAIDEN NAME Mayaret Oriston | 23. If death was due to external causes (VIOLENCE) fill in elso the followigg: |
| 6 16. BIRTHPLACE (city or town) Pulue | Accident, suicide, or homicide? Date of injury uly 1, 19 3) |
| (State or country) | Where did injury occur? At hee housel |
| 17. INFORMANT You for Morrell | (Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) Tukunama | - Home |
| 18. BURIAL-CREMATION, OR REMOVAL | Manner of injury tell on floor |
| Place Place Date Date 1777, 19.35 | Nature of injury ysachured peture |
| 19. UNDERTAKER 66 Com 4 Jon | 24. Wes disease or Injury in any way related to occupation of deceased? |
| (Address) Fredrick med | If so, specify |
| 20. FILED Mor- 18 , 19 35 Juneian & Falcon | (Signed) White |
| Registrar. | (Address) The Market Mg |
| If more viants are needed, address State Registrar, | 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|----------------|--|---------------|
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| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage DEC 5 1955 | July 5,1927 | Peritonitis | 3 days ago |
| UREAU V. S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| r e r | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|--|
| state | 1. PLACE OF DEATH | 9.3 |
| of id | County Frederick | Registration Dist. No. |
| shou f O | Village or City Trederick | No. City Hospital St. Ward |
| .= 0 | (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| LNS ent | Length of residence In city or town where death occurred | ds. How long in U.S. if of foreign birth?yrsmos,ds. |
| ED. Every | 2. FULL NAME Mr Harry Mower | Within the Corporate Millie. |
| Stat | (a) Residence: No. 16 N. Market | St., Ward. |
| | PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| RECT. PH Exact | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| X. | Male White OR DEVORCED (quite the word) | nov 3 1935 |
| T L ed. | 5e. If married, widowed, or divorced | (Month) (Day) (Year) |
| RMANEN X A C T I | HUSBAND of Cor) WIFE of Mary Marger | 22. I HEREBY CERTIFY, That I attended deceased from |
| X A A class | 12 1610 | Nov. 2 ,1935, to how. 3, 1931 |
| E E | 6. DATE OF BIRTH (month, day, and year) 3 - 1869 | I last saw h |
| IS A PE stated E properly certificate | 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the date stated above, at |
| IS A stated proper ertific | 0 ormin. | were as follows: |
| be be of c | 8: Trade, profession, or particular kind of work done, as SPINNER Shoc Repairer SAWYER, BOOKKEEPER, etc. | activo selevotre myraardial |
| | kind of work done, as SPINNER ACKED | disease : |
| kK-T should it may n back | work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| F4 0 | 10. Date deceased last worked at Nov. 1/2 11. Total time (years) 50 % | 10 |
| VG I | year) occupation occupation | Other Coutributory Causes of importance: |
| NFADING pplied. AGI erms, so tha instructions | 12. BIRTHPLACE (city or town) Cussea | Bruchal arthur |
| ed. is, structure | (State or country) | Complayersa |
| TH UNF. y supplie ain terms See instr | 13/NAME Down Cross 14. BIRTHPLACE (city or town) 4 " | |
| H'U sur in t | 4 14. BIRTHPLACE (city or town) 4 | Name of operation Date of |
| 5 = 7 . | (State of country) | What test confirmed diagnosis? _Classical_Octions there en autopsy? .h |
| LY, W carefu TH in p | 15. MAÍDEN NAME ONT TUVE | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| X, car | | Accident, suicide, or homicide?, 19, 19 |
| be EAT imp | (State or country) | Where did injury occur? (Specify city or town, county and State) |
| ZOGA | 17. INFORMANT Out from | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| PL houl | (Address) Frederick PUS | |
| E S E | Place Florita how one Dete nov. \$ 193. | Manner of injury |
| S. E. R. | late toling the | Nature of Injury |
| CA | 19. UNDERTAKER OF C. Concrete of the (Address) Trederies and | 24. Was disease or injury in any way related to occupation of deceased? |
| m (1 | 2. Amm | If so, specify (Signed) M.D. |
| ż | 20. FILED 3-Nov., 1930 Off Modeled Registrar. | (Address) 982 wft Frederick |
| | | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| Example I | İ | Example II | 7 |
|--|--------------|--|---------------|
| The principal cause of death and related causer of importance were as follows: | ED | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| RUSEAU | . S. | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| | AKGI | N KE | SEKVE | 2 | FOR | ARGIN RESERVED FOR BINDING | |
|-----------|----------|---------|--------|-----|--------|---|-------|
| WITH | UNFAL | I DNIC | NK-TF | IIS | IS A F | WITH UNFADING INK-THIS IS A PERMANENT RECO | RECO |
| refully s | upplied. | AGE | plnods | pe | stated | refully supplied. AGE should be stated EXACTLY. PH | 产. |
| in nlain | torme | so that | vem ti | ha | nroner | in nlain terms so that it may be properly classified. Exact | Exact |

of certificate.

See instructions on back

CAUSE OF DEATH

TION is vel

-WRITE PLA

RD. Every item of infor-

of OCCUPA-

statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | | 231 | |
|---|--|---------------------------------|---|--------------------|
| County Frederick, | | | Registration Dist. No. 139 | |
| Village or CHYTATE-SAT | VATOR-I | | No. St., St., death occurred in a hospital or institution, give its NAME instead of street and nu. L. ds. How long in U.S. if of foreign birth? yrs. mos. | |
| 2. FULL NAME James Mi | chael M | urrav. | | |
| (a) Residence: No. Waldorf, | | | oute I Ward. Maryland: | |
| (a) Residence: No. Hazaroli | (Usual place of | | If nonresident give city or town and Si | ate |
| PERSONAL AND STATIST | CAL PARTIC | CULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE White | 5. SINGLE, MARK OR DIVORCED Sing | TED, WIDOWED, (write the word) | 21. DATE OF DEATH November II (Month) (Day) | 193 5 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | 22. I HEREBY CERTIFY, That I attended de | |
| 6. DATE OF BIRTH (month, day, and year) | bruary | I3 I890 | im Nov. II 35 | death is said |
| 7. AGE Years Months 45 8 | Days 28 | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, a 15P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | Farmer | me (years) finite time, | Pulmonary Tuberculosis N | o v. 934 |
| 12. BIRTHPLACE (city or town)W& S (State or country) | hington D.C. | | Myocardial Insufficiency | |
| 13. NAME John Murray | 7 | | | |
| 14. BIRTHPLACE (city or town)(State or country) | Ireland | • | Name of operation none Date of What test confirmed diagnosigneous transfer was there an aut | opsy? no |
| 16. BIRTHPLACE (city or town) Was (State or country) 17. INFORMANT James M | | | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? | |
| (Address) Waldorf, 18. BURIAL, CREMATION, OR REMOVAL Place Waldorf, Md. | | own.,19 | Manner of injury | |
| 19. UNDERTAKERM. L. Creager. (Address) Thurmont, Mc | All H | | 24. Was disease or injury in any way related to occupation of deceased? | no |
| 20. FILES 1. 19 16 | Will. | Registrar | (Signed) faul bly | M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | i i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1 50 5 1935 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage V. S. | July 5,1927 | Peritonitis | 3 days ago |
| | 7 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | 1 | | |

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY.

See instructions on back of certificate.

PHYSICIANS should state

mation should be carefully supplied.

TION is very important.

B.—WRITE PLAINLY, WITH

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| STATE OF MARYLAND— | CERTIFICATE OF DEATH 13026 |
|--|--|
| 1. PLACE OF DEATH | rate limite 200-al |
| County Frederick | 131 |
| Village or City Frederick | Registration Dist. No. |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmos,ds. |
| 2. FULL NAME Harriet may he | ckel If W 6 Veteran, specify WAR NO |
| (a) Residence: No. Clarks Lung (Usual piece of abode) | State Ward Clarksville Penna If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH // // // // // // // // // // // // / |
| 5a. If married, widowed, or divorced HUSBAND of | New York Control of the Control of t |
| (or) WIFE of | 22. HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) July 29-1914 | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 1200 m. |
| 2 2 16 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causas of imagination |
| 8 Trade profession or particular | were as follows. Detections of Detections |
| kind of work dona, as SPINNER, School Suce | 1231 |
| 9. Industry or business in which work was dona, as SILK MILL, | Intelliged to |
| SAW MILL, BANK, etc. | assemble outling |
| 10. Data deceased last worked at 19 11. Total time (years) spent in this occupation year) 12. Total time (years) | in short her had off |
| 12. BIRTHPLACE (city or town) Clarks villy Oa | Dthes Contributory Causes of importance |
| (State or country) | 110111111111111111111111111111111111111 |
| 13. NAME Leda B. Niekel | TO WELL WILLIAM STATE OF THE ST |
| 14. BIRTHPLACE (city or town). There can be | Name of operation. Date of |
| (State or country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME Bessie M. Haulin | 23. If death was due to external causes (VIO ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) alleghan | Accident, suicide, or homicides of the fact Dat of injury 1931 |
| (State or country) | Where did injury occur? Pa Coulons III |
| 17. INFORMANT Deda B. Nickel | (Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HDME, or In PUBLIC PLACE. |
| (Address) Clarisully Pa | Cisty my by 1 4 Off |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury a Clarent y |
| Place Thereas Roy Date Date 1990 | Nature of injury Transfer to the State of State |
| 19. UNDERTAKER 6. E. Chine Toy | 24. Was disease or injury in any way related to occupation of deceased |
| (Address) Fredrick Mid. | If so, specify |
| 20. FILED 15 Nov. 1935 Am Leady | (Signed) The M.D. |
| Registrar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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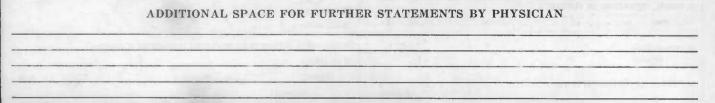
11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The second secon | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis DEC 5 1983 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |



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| Cerebral hemorrhage DEC D | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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mation should be carefully supplied.

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TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may

STATE OF MARYLAND—CERTIFICATE OF DEATH should state of OCCUPAitem of infor-PHYSICIANS RD. Every Exact statement

| 1. PLACE | OF DEATH | | | | 93-0 | | | 10040 |
|------------------------------|---|------------------|--------------------------|---------------------------------|------------------------------------|--|----------------------|-----------------|
| County | Fire | levet | <i>f</i> | | | Registration | Dist. No 😤 | 11 31 |
| Village pr | City Drs | Ulst | ana | | No. | | St., | Ward |
| Landh of o | | | | | death occurred in a hospital or in | | | d number) |
| Length of re | esidence in city o | r town where dea | th occurred | yrs, mos | ds. How tong in U.S. | if of foreign birth? | yrs. | mosds. |
| 2. FULL N | AME /2 | engan | nin t | . Son | vaat | | | |
| (a) Resid | ence: No. | ist. Il | (Usual place | of abode) | St., Ward. | If nonresident | give city or town as | nd State |
| PERSO | NAL AND | STATISTIC | AL PARTI | CULARS | MEDICAL | CERTIFICATE | | |
| 3. SEX | 4. COLOR O | R RACE 5 | | RIED, WIDOWED, (write the word) | 21. DATE OF DEAT | H/VM | 16 | 193 5 |
| 5a. If married, wide | owed or divorced | 1/2 | Smal | rick | | (Month) | (Day) | (Year) |
| HUSBAND of (or) WIFE of | 0 | w. 1 A. | hou | bood | 22. I HERE | BYCERTIF | That I attende | deceased from |
| 6. DATE OF BIRTI | H (month, day, an | d year) a | bout | 1861 | I last/siw h_L alive on | Vru 2 | 19.3 | ; death is said |
| 7. AGE Y | ears | Months | Days | If LESS than | to have occurred on the date s | | 10 Jm. | |
| 74 | | | | 1 day,hrs. | The PRINCIPAL CAUSE OF D | EATH and related huse | es of importance | 10000 |
| 8. Trade, pro | fession, or partic f work done, as S ER, BDDKKEEPER | SPINNER. | ann | 100 | () | Muco | 0.A. | Date of onset |
| 9. Industry o | r business in wh | ich | #1:25 Fa = 6 = 6 = 6 & 6 | 340 | 0,000,000 | Z INTO | mesous. | |
| SAW M | vas done, as SILK IILL, BANK, etc | | | | | | | |
| - 1 2000 | ased last worked cupation (month o | at and | 11. Total ti | me (years) t in this 50 gray | | | | |
| youry. | | 1 1/ | YX | X | Other Contributory Causes of i | mportance: | | |
| 12. BIRTHPLACE (State or co | | w. Hy | alls | gon. | | | | |
| 1 | 0 | • | 0 | 11 | | | | |
| I | Jares | | 1 Ron | wood | | | | |
| Z 14. BIRTHPLA | CE (city or town) or country) | 2 | | 0 | Neme of operation | | Date of | 1100 |
| | | mar | yran | | Whet test confirmed diegnosis | | | |
| E | | 2 % | 0. | 10 | 23. If death was due to external | diameter in the contract of th | | 9. |
| O 16. BIRTHPLA | CE (city or town) or country) | | a 194 | cles, | Accident, suicide, or homicide | ? | Date of injury | , 19 |
| (| 7. 11 | Kan | Mar | 10.11 | Where did injury occur? | (Specify city or | town, county and St | tate) |
| 17. INFDRMANT (Address) | mss. d | assay. | W. 1. 1. L. | o derecto | Specify whether injury occurre | ed in INDUSTRY, in HO | ME, or In PUBLIC P | LACE. |
| 18. BURIAL, CREMA | ATION, DR REMO | VAL | 1 | | Manner of injury | | | |
| Place St. | ountai | in lacons | Date Sor | 19,1935 | Nature of injury | | | |
| 19. UNDERTAKER | Hiera | n 7 / | Punde | tte | 24. Was disease or injury Im an | way related to occupa | ation of deceased? | |
| (Address) | Hy | altholi | non & | my. | If so, specify | \\\\\ | | |
| 20, FILED ZAN | 18 ,19 | 30 71 | reliand | Registrar. | (Signed) (Address) | Thu | dirin | LILLA |
| | 7 | If more bla | nks are needed, a | | 2411 N. Charles Street, Baltimore, | equesting U. S. No. | I. | |

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| Example 1 | | | Example II | |
|--|---------------|--|---|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of importance were | of death and related causes as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | BUREAU V. S. | 1 week ago |
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | DEC 6 1095 | 3 days ago |
| Other contributory causes of importance: | | Other contributory | causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | | 1 year |
| | | | | |

| ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-----------|---------|------------|----|-----------|
|------------|-----------|---------|------------|----|-----------|

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City Decreed Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred _____yrs.... How long in U.S. if of foreign birth?_____yrs-___mos.__. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, at ... 1 day, -----hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 0 0 or min. were as follows: Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ OCCUPAT 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-11. Total time (years)
spant in this
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| e of onset | | |
|------------|---|--|
| 1915 | The principal cause of death and related causes of importance were as follows: Attack of evilensu | Date of onset |
| 1921 | Run over by street car | 1 week ago |
| y5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| y 1,1923 | Gastroenteritis | 1 year |
| | TELESCOPIE DE LA COMPANION DE | |
| | 1915 1921 y5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car y5,1927 Peritonitis Other contributory causes of importance: |

| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | marten should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | |
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| N. | oe c | AI | m po |
| LA | ula | JU. | TION is very important. See instructions on back of certificate. |
| E F | Show | 5 | IS Ve |
| RIT | TOTA | 200 | Z |
| * | THE T | S | Ĭ |

STATE OF MARYLAND—CERTIFICATE OF DEATH 13030

| 1. PLACE OF DEATH | A SERVICE |
|---|--|
| County Audench | Registration Dist. No. 13 |
| Village or City Frederick - Great Cets | Mary St. O Word |
| Length of residence in city or town where death occurredyrs,mos | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Baly Bar Higher | 10-23 mos. ds. |
| (a) Residence: No. (Usual place of abode) | L'St., Water Sull If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write-the word) | 21. DATE OF DEATH How 2 193.5 |
| 5a. If married, widowad, or divorcad HUSBAND of | (Month) (Day) (Year) |
| (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 10 15. 2 1 935 | I last saw h laliv on, 19, 19, 19, 19, 19, 19 |
| 7. AGE Yaars Months Days If LESS than I day, hrs. | to have occurred on the date stated above, at 8 A . In. |
| ormin | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | Talled of other |
| 9. Industry or business in which work was done, as SILK MILL, | Puerkina & clamba 1 |
| SAW MILL, BANK, etc | morher 0 6/1/85 |
| this occupation (month and yaar) | 7-7-0 |
| 12. BIRTHPLACE (city or town) Frederics. ILa | Other Coutributory Causes of importance: |
| (State or country) Fredh CD | Clark Nephrilis 185/30 |
| 13. NAME Too Sewell | 7-7-23 |
| 14. BIRTHPLACE (city or town) 1 Territory (State or country) | Name of operationOate of |
| 15. MAIDEN NAME Berbles Start | What test confirmed diagnosis? |
| 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| (State or country) Freat County | Accident, suicide, or homicide? Date of injury |
| 17. INFORMANT The Cenurel | (Specify city or town, county and Stale) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Thurwouf U.A. 18. BURIAL, CREMATION, OR REMOVAL | |
| Placa Terris Cown Md Date How 2 d 1935 | Manner of injury. |
| 19. UNDERTAKER Wilhile & Creager | Nature of Injury |
| on Filter 2 - Nor 10 35 Day On SC | If so, specify (Signed) Agrain and Burely |
| Registrar. | (Address) Tremond-M.D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| act | Example 11 | |
|--|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| Appropriate Control of | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July5,1927 | The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 13031 |
|--|---|
| 1. PLACE OF DEATH | 93-20 |
| County Tredrick | Registration Dist. No. 13 |
| Village or City Man Trednick | No. Turden Walls St., Walf death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foralgn birth? 4.6 yrsmos |
| 2. FULL NAME anne Porten | If U.S. Veteran, specify WAR |
| (a) Residence: No. New Frederick ned (Usual place of abode) | St., Ward Use If non/esident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of James Porters | 22 HEREBY CERTIFY That I attended deceased from |
| 0.41014 | , 1921, to 770 , 190 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days if LESS than | liast saw h |
| H 1 3 14 1 day,hrs. | to have occurred on the date stated above, at 2.1.2 1.5 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trada, profession, or particular | ware as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | Chini Ugrentit |
| 9. Industry or business in which work was done, as SIŁK MIŁŁ, SAW MIŁŁ, BANK, atc | |
| 10. Date dacased last worked at this occupation (month and year) 11. Total time (years) spant in this year) | |
| 8 1 0 | Othar Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | A de de la |
| 13. NAME James Dison | C SOVERED STATES |
| 14. BIRTHPLACE (city or town) - 6 2 4 1 | Name of operation Date of |
| c (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| WILLS. MAIDEN NAME NOTE / STATE | 23. If death was dua to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, sulcida, or homicide?, 19, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Porteus (Address) Frederick red. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Piace Deuton Med. Data Nov. 24, 1935 | Manner of injury |
| 19. UNDERTAKER 6-6- Coline Hours (Address) Treding mg | 24. Was disease or injury in any var related to occupation of deceased? |
| 20. FILED 22 - dans 1935. Dra In Guera | (Signad) M. M. |
| . Kegistrar. | (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully enployed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

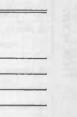
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 11 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial hephritis OFC 5 1983 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year | |
| | | | | |



| STATE OF | MARYL | AND-CERTIFICATI | E OF DEATH |
|----------|-------|-----------------|------------|

| 1 | 07 | 1 8 | 1 | 0 | > | 6) |
|---|----|-----|---|---|---|----|
| 1 | 2 | 1 | J | L | } | 6 |

| 1. | PLACE OF DEA | TH |) | | OEKTH TOTTE | JI DEAI | | . 1 |
|------------|---|--------------------|--|--------------------------------------|---|-------------------------|--------------------|-------------------|
| | County Fred | lerick | Par | b. | | Registration Dis | st. No. | 31 |
| | Village or CityF | rederick | | Was Co | No. 114 East St | | St | Ward |
| | Length of residence in | city or town where | death occurred | | f death occurred in a hospital or institution | on, give its NAME in | | uumber) |
| 2 | FULL NAME | John Cli: | fton Pose | y,Jr. | If U.S. Veteran specif | y WAR | No No | e |
| | (a) Residence: No. | | | ts Street | St., Ward. | If nonresident giv | e city or town so | d State |
| - | PERSONAL AT | ND STATIST | ICAL PARTI | CULARS | MEDICAL CE | RTIFICATE C | | d Diate |
| 3. S | | or or race | 5. SINGLE, MAR OR DIVORCE Single | RIFD, WIDOWED, D (write the word) | 21. DATE OF DEATH | | 22nd | , 193_5 |
| 5a. | f married, widowed, or div | | 0211620 | | | (Month) | (Day) | (Year) |
| | HUSBAND of (or) WIFE of | | | | 22. I HEREBY | CERTIFY, | That attended | (|
| 6 D | ATE OF BIRTH (month, d | av and veer) No | av 7.1913 | LILLY SIN | Harry h im able 2 | 3 | 22 1925 | , 19 |
| 7. A | | Months | Days | If LESS than | | abov 2:55 | | 2., death is said |
| | 22 | 6 | 15 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH were as follows: | | | |
| z | 8. Trade, profession, or p | particular | 757 0 4 | | 0 0 | A | | Date of onset |
| 일 | kind of work done SAWYER, BODKKE Industry or business i | EPER, etc | Waiter | | Ten O hox | wound | w | mmedul |
| UPA | work was done, as SAW MILL, BANK, | SILK MILL, | Hotel | | frain, | | | |
| OCCUPATION | 10. Data deceased last we this occupation (me | orked at | 11. Total t | ime (years) ntin this | | ~ | | |
| | year) | | /3.5 sp3 | pation4 | | | | |
| 12. | BIRTHPLACE (city or town |) | | | Other Coutributory Causes of import | tance: | | |
| a. I | (State or country) | | Maryland | | | *************** | | |
| ATHER | 13. NAME John | Clifton | Posey | | | | | |
| FAT | 14. BIRTHPLACE (city or t | | Jond | | Name of operation | | Date of | |
| - | (State or country) | - | yland | | What test confirmed diagnosis? | | | |
| 目 | 15. MAIDEN NAME | | Minor | | 23. If death was due to external cause | • / | | |
| S S | 16. BIRTHPLACE (city or t (State or country) | town)Vir | ginia | | Accident, suicida, or homicide? | . 0. | e of injury | 22-, 19.34 |
| | Manager Manager | John C. | | | Specify whether Injury occurred in | (Specify city or tow | vu, county and Sta | ite) |
| 17.1 | (Address) 121 | West All | Saints S | treet, Fred | The sead of a | INDUSTRI, III HOME, | -114 Cas | RIR That |
| 18. E | BURIAL, CREMATION, OR | REMOVAL | | Wa 11/25 | Manner of injury | shot. | - | mo |
| | Placa FairVie | ew Cem, F | rederick, | Md. 11,625/ | Natura of injury Trons | al in 7 | lead, | |
| 19. 1 | | | son & Son | | 24. Was disease or injury in eny way | y related to occupation | n of deceased? | No. |
| | (Address) | Frederick | Maryland | | If so, specify | 2 | | |
| 20. F | TLED 25- nov. | 19 35. Dr | e tim | auly | (Signed) | - Coc | une | M. D. |
| | | | / | Registrar. | (Address) | adens | 6 ms | 4 |

If more blanks are needed, address State Register, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis DEC 5 1935 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitia nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage FIDFAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE | OF DEATH | | - | 23 |
|--|--|---------------------------------------|-----------------------------------|--|
| County_ | Frederick | ζ | | Registration Dist. No. 139 |
| | residence In city or town where d | NATOR | (0) | No. St., Walfdeath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? |
| | NAME Daniel | | | |
| | | | nington, | COSt., Ward. Maryland. If nonresident give city or town and State |
| efficient and a second and a second | ONAL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Male | 4. color or race White | 5. SINGLE, MAR OR DIVORCE MAYYI | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH November &I 1935 (Month) (Day) (Year) |
| 5a. If married, wi HUSBAND o (or) WIFE o | dowed, or divorced of Martha | Reed | | 22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 135 to Nov. 21 1935 |
| 6. DATE OF BIRT | TH (month, day, and year) JU | ine 24] | [864 | last sew n elive on Nov. 2I 19 35 deeth is sa |
| 7. AGE | Years Months 7 4 | Days 277 | If LESS than I day,hrs. ormin. | to have occurred on the date stated above, eTO . 25 Am. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 9. Industry work SAW | or business in which was done, es SILK MILL, MILL, BANK, etc | aborer | Ime (years) ntiqtMssfetim | Pulmonary Tuberculosis Unknow |
| 12. BIRTHPLACE | (city or town) Mary | yland. | | Other Contributary Causes of importance: Anterio Sclerosis |
| 13. NAME | Mr | - Reed | | Arterio Scierosis |
| | ACE (city or town) Unit | known | | Name of operation none Date of What test confirmed diagnosis? Pos. Sputum was there an autopsy? no |
| 15. MAIDEN | NAME Sallie | Spealma | an. | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN 16. BIRTHPL (State | ACE (city or town) Unl | known | | Accident, suicide, or homicide? |
| 17. INFORMANT (Address) | ** * * * | Md . | | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CRE | MATION, OR REMOVAL | Dete Unl | known 19 | Manner of Injury |
| 19. UNDERTAKER | Snyder & Rowl Clearspring, | and A | y | 24. Was disease or injury In any way related to occupation of deceased? NO If so, specify |
| 20. FILED | 12/193 | / Halle | Registrar. | (Signed) Deward & Araffer M. (Address) Late Langtorum m |

V. S. No. 1

N. B.—WRITE PLAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Example I | i | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage DEC 5 1935 | July 5, 1927 | Peritonitis . | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| 1. PLACE OF DEATH County Traclerick Village or City Mr. Frederick (IF | Registration Dist. No. / 3/ No. Euros y 2 / Lust Ward death occurred in a hospit (for institution) give its NAME instead of street and number) |
|--|--|
| 2. FULL NAME Marrie Poly (a) Residence: No. (Usual place of abode) | erts West wilder by the state of the side |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (printe the word) Whate | 21. DATE OF DEATH 2000 (9 ,193) (Month) (Day) (Yeer) |
| 59. If married, widowed, or divorced HUSBAND of (or) WIFE of White of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) © ct. 12, 1848 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the date steted above, at 2 |
| 8. Trede, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last workad at this occupation (month and this programming from the and this programming from the and the control of the contr | Date of onest Cerebral Lamontage 19 |
| 12. BtrTHPLACE (city or town) maryland (State or country) | Other Contributory Causes of importance: |
| 13. NAME 3 with 8 oberto 14. BIRTHPLACE (city of town) (State or country) 13. NAME 14. Droberto 14. Droberto | Name of operation |
| 15. MAIDEN NAME Caroline Strawn 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME Caroline Strawn Conne Ctech (Address) | 23. If death wes due to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? |
| 18. BURIAL, CREMATION, OR REMOVAL Placa Montania Date Nov. 70, 19 3V | Manner of injury |
| 19. UNDERTAKER & Lolling Tolling (Addrass) Frederick ned 20. FILED 20 - Mov., 19 35 - Das J. M. Sandy. | 24. Was diseasa or injury in any way related to occupation of deceased? If so, spacify (Signed) M. D |
| Registrar. | (Address) Indered me |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRITE PLA

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|-------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage DEC 5 1955 | July 5,1927 | Peritonitis | 3 days ago |
| BURFAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

| STATE OF MARYLAND— | CEPTIFICATE OF DEATH 13035 |
|---|--|
| | |
| 1. PLACE OF DEATH | 12/ |
| County Trederick | Registration Dist No. |
| Village or City Moulewee | No ameralus Hosportal Ward |
| Length of residence in city or town where deeth occurred vrs mos. | death occurred in a horpital or institution, give its NAME instead of street and number) How long in (U.S. if of foreign birth? |
| 9 4 0 4 | (NA) 20 - 1-7 |
| (a) Residence: No. 20 Lusuelle (Usual place of abode) | OSt., Ward. Jalus of the City of town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Man of OR DIVORCED (refrice the word) | Mar. 28 1933 |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Day) (Year) |
| (or) Wife of | 22. I HEREBY CERTIFY, Thet I attended deceased from |
| Legge Roger | NOV. 18, 19 35, to MOV. 28, 1935 |
| 6. DATE OF BIRTH (month, day, and yeer) Lucia 2 853 | I last saw h |
| 7. AGE Yeers Months Days If LESS then | to have occurred on the date steted ebove, et |
| 82 4 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows: |
| Z 8. Trade, profession, or perticular | Date of onset |
| kind of work done, as SPINNER, Farm Jaharer. | Cerebral Grand no a long |
| A. Hade, professing, or peritudes, as SPINNER, farm fallows: Kind of work done, as SPINNER. farm fallows: SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at 1. Total time (years) this recursition (month end) | 7 |
| SAW MILL, BANK, etc. | |
| 10. Date decessed last worked at this occupation (month end 982 spent in this occupation. | k |
| year) | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | arlero Scharos 1930 |
| I 13. NAME William Stout | |
| 13. NAME William Rout 14. BIRTHPLACE (city or town) | Name of operation Dete of |
| (State of Country) | Whet test confirmed diegnosis? Wes there an eutopsy? |
| 15. MAIDEN NAME Elizabeth Eberts 16. BIRTHPLACE (city or town) | 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| (State or country) | Where did injury occur? |
| 17. INFORMANT The Myslifes May large | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Beaver Danspete Dec 1, 1935 | Neture of Injury |
| Parall + 000 | |
| 19. UNDERTAKER OUT CHANGE | 24. Was disease or injury in any way related to occupation of deceased? |
| 2 4 M | If so, specify |
| 20. FILED S O - 19 60 19 33 / Of IN Young Registrar. | (Signed) M. D. |
| // Kegistyar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| 11 | Example II | | |
|---------------|--|---|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5,1927 | Peritonitis | 3 days ago | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenteritis | 1 year | |
| | 1915 1921 | Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a horpital of institution, give its NAME instead of street and number) mos. ____ ds. How long in U.S. if of foreign birth? Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIFD, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a, If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Deys 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or_ 15_min. were as follows: Data of onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et 11. Totel time (yeers)
spent in this this occupetion (month and occupation ____ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_____ 19____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury - (XOV 19 3) Neture of injury ... 24. Was diseese or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | li | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis 1935 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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N. B.-WRITE PL

| | CERTIFICATE OF DEATH 13037 |
|--|--|
| 1. PLACE OF DEATH County Fredrick Coninty | 22 /3/ |
| Village or City Charles State | No. mesque Ward St. Ward |
| Length of residence in city or town where death occurredyrsmos | death occurred in a hopoital or institution, give in NAME instead of street and number) ds. How long in U. 3 it of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Respect Smith | (0, 1) |
| (a) Residence: No. Jameville Md. (Usual place of abode) | St., Ward. If nonresident the gly or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Calaced. OR DIVORCED (write the word) | 21. DATE OF DEATH // 6 193 5 |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of | (Month) (Oay) (Year) 22. I HEREBY CERTIFY. That I attended deceased from |
| 13 1021 | Mr. 3 1980 to Mer. 6 19 35 |
| 6. DATE OF BIRTH (month, day, end year) 185 | I last saw halive on |
| 7. AGE Years Months Oays If LESS than 1 day,hrs. | to have occurred on the date steted above, at |
| 8 Trade profession or particular | were as follows: |
| Sawyer, Bookkeeper, etc. 9. Industry or business in which work west done, as SPINNER, Sawyer, Bookkeeper, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased lest worked at this pecuation (month and the pecuation (month and the pecuation (month and the pecuation). | Julenie wy 5-3 |
| 9. industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc | |
| 10. Data deceased lest worked at this occupation (month and 1 -) 3 spent in this occupation corrupation | |
| 12. BIRTHPLACE (city or town) | Other Centributery Causes of Importance: |
| | Count on Scalp (posteror) hon 1 00 |
| 13. NAME San Smile 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of |
| # 15. MAIDEN NAME Mary ? | What test confirmed diagnosis? Wes there an au'opsy? |
| I S DICTIONAGE (ATT.) | 23. If death wes due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Accidental Date of Injury - Nor., 19 7 5. Where did injury occur? Contemple - Present in Co. 201 |
| 17. INFORMANT. Marrys D. Slifer Montenes (Address) The State of Montenes | Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury T'ell on a se - Cutton of Fred |
| Continues Course Date 100 9, 1935 | Nature of Injury Lacerotron of acally |
| 19. UNDERTAKER Port 21 Barber | 24. Was disease or injury in any wey related to occupation of deceased? |
| (Address galthersday my | If so, specify |
| 20. FILEO 9 / XOV 1935 Affileure Registrar. | (Signed) The M.D. (Address) M.D. |
| If more blanks are needed, address State Registrar, 2 | 411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BIDEAU V.S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
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statement of OCCUPA.

See instructions on back of certificate.

TION is very important.

-WRITE PL

STATE OF MARYLAND—CERTIFICATE OF DEATH

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| 1 | 0 | U | 3 | 8 |

| 1. PLACE OF DEATH | | | | | (92-07) | 1 | | |
|---|---|-------------------------|--------------------|---------------------------------------|---|-----------------|--|--|
| / County Frederick | | | | | Registration Dist. No. | 3/ | | |
| 1 | Village or City Fr | ederick | | 1 | No. 212 Dill Ave No. St. | Y | | |
| / | | | າ | Cit | death occurred in a hospital or institution give its NAME instead of assets and | number) | | |
| | | | | 400 | ds. How long in U.S. if of foreign birth?yrsm | iosds. | | |
| : | 2. FULL NAME | | | Stream | If U.S. Veteran epecify WAR Man | | | |
| | (a) Residence: No. | 212 Dill | Ave | | St.,Ward. | | | |
| 2.5 | DEDCONAL AN | ID CTATIOTI | (Usual place | | If nonresident give city or town and | State | | |
| 3 | PERSONAL AN | OR OR RACE | | | MEDICAL CERTIFICATE OF DEATH | | | |
| | | ite | OR DIVORCE | RRIED, WIDOWED, D (write the word) | 21. DATE OF DEATH Nov. 7th | 5 | | |
| - | female wh | | widow | | (Month) (Day) | (Year) | | |
| | | as. F. St | ream | | 22. 1 HEREBY CERTIFY, That 1 attended | deceased from | | |
| | | | | | how. 7 1935 to Lov. 7 | | | |
| 6. | DATE OF BIRTH (month, da | y, and year) Oct | . 11, 18 | 64 | I last saw h. er. alive on Lov. 7 19.35 | ; death is sald | | |
| 7. | AGE Years | Months | Days | If LESS than | to have occurred on the date stated above, at 1 . 45R m. | | | |
| - | 71 | 1 0 | 26 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: | 1 | | |
| N | 8. Trade, profession, or p kind of work done SAWYER, BDOKKE | articular as SPINNER | | | | Date of onset | | |
| TIC | SAWYER, BOOKKE | EPER, etc. | ousewife | | Guebral Hemorrhage | WV.7 | | |
| OCCUPATION | work was done, as SAW MILL, BANK, | SILK MILL, | At Home | | | | | |
| SCC | 10. Date deceased fast wo this occupation (mo | | 35 11. Total t | ime (years) 45 | | - | | |
| - | year) | onth and ±±/// | SD 7 | ntin this 🖜 | | | | |
| 12 | BIRTHPLACE (city or town) | Loudon | Co. | | Other Contributory Canses of importance: | 1000 | | |
| 14. | (State or country) | Virgin | | | Cirlino-selovorio C Myberlaisio 2 30 | | | |
| ER | 13. NAME Jonas J | | | | | | | |
| FATHER | 14. BIRTHPLACE (city or to | Loudon | Co., | | Name of operation Date of | | | |
| | (State or country) | Va | • | | What test confirmed diagnosis? | | | |
| ER | 15. MAIDEN NAME Mar | y C. Wade | | | 23. If death was due to external causes (VIOLENCE) fill in also the following | | | |
| MOTHER | 16. BIRTHPLACE (city or to | Loudo | n Co. | | Accident, suicide, or homicide? Date of injury | | | |
| Σ | (State or country) | Va. | | | Where did injury occur? | | | |
| 17. | INFORMANT | . L. Spit | tle | | (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL | e) ACE. | | |
| | (Address) | | s, Mu. | | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PlaceLovettsville, Va Date 11/10 19 35 | | | | | Manner of injury | | | |
| | Place | 116, Va | Date | 10 19 00 | Nature of injury | | | |
| 19. | UNDERTAKER M. R. | | & Son | | 24. Was disease or injury in any way related to occupation of deceased? | NO. | | |
| (Address) Fred rick, Md. | | | | | If so, specify | | | |
| 20. | FILED S how. | 1925 211 | I. I. m | - andis | (Signed) Frank Worthure (| M. D. | | |
| | | | 1 | Registrar. | (Address) Judelick - Ruly- | | | |
| | | If more bi | anks are needed, a | duress State Registrat, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Dete of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis NFC 3 1933 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| And the second s | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
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| PHYSICIAN |
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| PHYSICIAN |

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PHYSICIANS should state IS A PERMANENT RECORD. Every item of inforstated EXACTLY. FOR BINDING ARGIN RESERVED AGE should be mation should be carefully supplied.

-WRITE PLA

V. S. No. 1

Exact statement properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | (25) |
|--|--|
| County Frederick, | Registration Dist. No. 139 |
| Village or City | |
| Length of residence in city or town where death occurred vrs. 3 mos | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME Daniel E. Toulan. | 9 |
| (a) Residence: No. 4 N. Bentalou, St. (Usual place of abode) | Baltinome, Maryland. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Male 4. COLOR OR RACE White White Single, Married, Widowed, OR DIVORCED (write the word) Single. | 21. DATE OF DEATH November (Month) (Oey) (Year) |
| 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from July 15 1935 to Nov. I 1935 |
| 6. DATE OF BIRTH (month, day, end year) December 3 1902 | I last saw him alive on Nov. I 1935 ; daath is said |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, at 8.30P and . |
| 32 IO 28 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Fleathician | Date of onset |
| kind of work done, as SPINNER, Electrician SAWYER, BOOKKEEPER, etc. Studiustry or business in which | |
| work was done, as SILK MILL, SAW MILL, BANK, atc | Pulmonary Tuberculosis. July |
| TO: Oate deceesed last worked at 11. Total time (yeers) | 1934 |
| this occupation (mostly and 1934 spent in this Yrs | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | Other Courses of Importance: |
| (State or country) Maryland. | |
| H 13. NAME Daniel J. Toulan. | |
| 13. NAME Daniel J. Toulan. 14. BIRTHPLACE (city or town) (Steta or country) Ireland. | Name of operation none pos-Sputtom What tast confirmed diagnocalest X Ray Was there en autopsy? NO |
| 15. MAIDEN NAME Anna McLaughlin. | 23. If daath was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Anna McLaughlin. 16. BIRTHPLACE (city or town) | Accidant, suicide, or homicide?, 19, 19, 19 |
| Colate of County) II CIGING. | Whare did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT Daniel E. Toulan (Address) Baltimore, Maryland. | Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Placa Balto, Md. Date Unknown 19 | Nature of injury |
| 19. UNDERTAKER M. L. Creager (Address) Thurmont, Mo | 24. Was disease or injury In any way related to occupation of deceased? |
| 111.12 / 10/10 | (Signed) Schwart S. Shaffer M.D. |
| 20, FILED | (Address) Itato & an atorias m. Md. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis DEC 5 1935 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

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| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | Contraction of the Assessment of the | |

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-

AGE should be stated EXACTLY.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state

Exact statement of OCCUPA.

ARGIN RESERVED FOR BINDING -WRITE PLAINLY, WITH STATE OF MARYLAND-CERTIFICATE OF DEATH

| Daniel +1 4 0 19 0 2 2 1 | 97 |
|---|--|
| County Talacca, | Registration Dist. No. |
| Village or City Une ager Ivn | No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number? |
| Length of residence in city or town where death occurred 40_yrsmo | |
| 2. FULL NAME Saura Lingman & | alentine |
| (a) Residence: No. Creauers Hown | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W100WED, OR DLYPRCED (purite the word) | 21. DATE OF DEATH |
| Temale Thee Wrowed. | (Month) (Oay) , 193.5 (Year) |
| a. If married, widowed, or divorced HUSBANO of | /5 |
| (or) WIFE of John t', Lalentine! | 22. I HEREBY CERTIFY, That I attended deceased in |
| 0.000 | |
| DATE OF BIRTH (month, day, and year) AGE Years Months Oays If LESS than | to have occurred on the date stated above, at |
| 9-5- 1 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of Importance |
| 8 Trada profession or particular | Were as follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | arterios elerasen 192 |
| 9. Industry or business in which | www.commen |
| | - |
| 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) | |
| year)occupation | Other Contributory Causes of importance: |
| 2. BIRTHPLACE (city or town) Marylana. | * |
| (State or country) | |
| 13. NAME GEORGE St. Cerenger | |
| 14. BIRTHPLACE (city or town) | Name of operation Oate of Oate of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME A ELECCA Late, | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?, 19, 19 |
| (Stete or country) | Where did injury occur? (Specify city or town, county and State) |
| 7. INFORMANT Shew Carrie Speak | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Olymnouf B. J. & 2 | |
| 8. BURIAL, CREMATION OR REMOVAL Place I MARY 11 1935 | Manner of Injury |
| 01 c. 11 | Nature of Injury |
| 9. UNDERTAKER Williag T Oxelger. | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Ol hurmont md. | If so, specify |
| 1/ | |

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V.S. | | | |
| I desired to the second | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SP | PACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN | ĺ |
|---------------|----------|---------|------------|----|-----------|---|
|---------------|----------|---------|------------|----|-----------|---|

STATE OF MADVIAND_CEDTIFICATE OF DEATH

PHYSICIANS should state of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of Exact statement 3. AGE should be stated EXACTLY. classified. 5a TION is very important. See instructions on back of certificate. properly 7. OCCUPATION pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. MOTHER | FATHER -WRITE PLAINLY, WITH M.

ARGIN RESERVED FOR BINDING

| 1. PLACE OF DEATH | CERTIFICATE OF DEATH |
|--|---|
| County Treaspech | (775) Registration Dist. No. 2 130 |
| Village or City Coules. | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| m oci v | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH Autopay (Month) (Day) (Yeer) |
| 53. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mary Base Selog Vale. 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than 1 dey,hrs. ormin. | 22. I HEREBY CERTIFY. That I attended decaasad from |
| 8. Trede, profession, or perticular kind of work dona, es SPINNER, Desp Llawer SAWYER, BOOKKEEPER, atc Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased lest worked at this occupation (month end yaar) spent in this occupation. | Reserved Standard dut to a Determent Standard Stormer of skulle Sugger. Mornicide: Practice of skulle Sugger. Murstion: a few minutes. |
| 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) | Ditter Contributory Causes of importance: With a bloom from a piece of isom pipes. as revealed by outerpay. Neme of operation. Date of |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | Whet test confirmed diagnosis? Was there en eutopsy? 32 23. If deeth wes dua to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide? A Homelides Date of injury 19 Where did Injury occur? Advantown, Frederick County manufands |
| 17. INFORMANT Mary Doubs Silise (Address) 18. BURIAL, CREMATION, OR REMOVAL | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 19. UNDERTAKER PROJECTION TO CALCULATE TO CA | |
| 20. FILED 11-12, 1930 mis. W.J. Pack. Registrar. If more blapks are needed, address State Registrar, | (Signed) (Signed) Nousel M. D. (Address) Dawsonvolle Med 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of oaset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage DEC 5 193 | July 5, 1. 27 | Peritonitis | 3 days ago | |
| CTALL V. | S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | |
|--|--|
| U V | |
| | |

OCCUPA. plnods statement PHYSICIAN RECORD. Exact PERMANENT certificate properly may on that instructions efully important. DEATH OF CAUSE mation ż

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. mos 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Months if LESS that Days to have occurred on the date stated above, at. I dey,. The PRINCIPAL CAUSE OF DEATH and related causes of importence Date of onset 8. Trade, profession, or particular, OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 11. Totel time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation _. 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis?_____ Was there an autopsy?_ MOTHER 15. MAIDEN NAME 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_ 16. BIRTHPLACE (city or town) (State or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, PREMATION, OR REMOVAL Manner of injury 24. Was disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address) if so, specify (Signed).

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| Cerebral hemorrhage | DEC 4 1905 | July 5,1927 | Peritonitis | 3 days ago | |
| | 7 | | | | |
| Other contributory causes of importance: | | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
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| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
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PIIYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

13041

| STATE OF MARTEAND | CERTIFICATE OF BEATT |
|--|--|
| 1. PLACE OF DEATH | <u> </u> |
| County Frederick | Registration Dist. No. |
| Village or City Lang | No. St., Ward |
| 7 A (If | death occurred in a hospital or institution, give its NAME instead of street end number) |
| Length of residence In city or town where death occurredmosmos. | 7. 11. |
| 2. FULL NAME Ty current frankle | in Magaman |
| (a) Residence: No. (Usual place of abode) | St., Ward. (W way Neteran) If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH MAN CO |
| made while widower | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of Palanda, Buhrman | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of | |
| 6. DATE OF BIRTH (month, day, and year) Aug 2,3 1849 | Hest saw h 111 alive on May ,19 34; death Is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date steted above, at |
| 8/a 1 1/ 1day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Frade, profession, or particular | were es follows: |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and | Chamiel for Sol. 1000 |
| 9. Industry or business in which | mune ar and octer 1727 |
| work wes done, as SILK MILL, SAW MILL, BANK, etc. | |
| 11. Total time (years) this occupation (month and | |
| year) occupation occupation | 04-0-0-1-0 |
| 12. BIRTHPLACE (city or town) Saut Ost | Other Contributory Causes of Importance: |
| (State or country) treak () | |
| 13. NAME Richard Wagaman | |
| 13. NAME/Reckard Waganan 14. BIRTHPLACE (city or town) Sabellas ville (State or country) | Name of operation Date of |
| (State or country) | 71.1-11 |
| 15. MAIDEN NAME COMPANY M. Miller | |
| | 23. If death was due to external causes (VIOLENICE) fill In elso the following: |
| (State or country) | Accident, suicide, or homicide? |
| asee D ha | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place Toyoull Date Nov. 6,133 | Nature of injury |
| m & Paragrand | 24. Was disease or injury in any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) | If so, specify |
| 111 | (Signed) Horris Ce Beil M. D. |
| 20. FILED 3 1933 William - C Miller Registrar. | (Address) Thurmore Mid |
| Acgura. | The state of the s |

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| The principal cause of death and related causes Date of onset of importance were as follows: | | | Example II | | |
|--|---------------------|--------------|--|---------------|--|
| | | | The principal cause of death and related causes of importance were as follows: | Date of onset | |
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| Chronic interstitial nep | | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | BURGATUS | July 5, 1927 | Peritonitis | 3 days ago | |
| | | 18 | | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| -WRITE PLA LY, WITH UNFADING INK-THIS IS A PERMANENT RES. RD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | .V. | |
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| inf | st | CUP | |
| 1 of | pluo | 000 | |
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| 4 | shou | OF | vel |
| ITE | no | SE | Si |
| WR | aati | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | TION is very important. See instructions on back of certificate. |
| | 1 | 9 | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

13045

| 1. PLACE OF DEA | | | 198 | | |
|--|--------------------------|----------------|--------------------|--|---------------------------|
| County Frederick Village or City Point of Rocks | | | | Registration Dist. No. / 3 | |
| | | | 0 | NDSt., f death occurred in a hospital or institution, give its NAME instead of street and | number) |
| Length of residence in | city or town where | deeth occurred | 50 yrsmos | sds. How long in U.S. if of foreign blrth?yrs | nosds. |
| 2. FULL NAME | | | Walker | If U.S. Veteran specify WARNQNE | |
| (a) Residence: Np. | Point o | of Rocks | | St.,Ward. | |
| PERSONAL A | ND STATIST | (Usual place | | If nonresident give city or town an | d State |
| | OR OR RACE | 1 | RRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH | |
| | White | | D (write the word) | Thoresule 1910 | ., 193 5 (Year) |
| 5e. If married, widowed, or di HUSBAND of | | | | | |
| (or) WIFE of | Lucy | y E. Moor | 'e | 22. I HEREBY CERTIFY. Thet I attended | |
| 6. DATE OF BIRTH (month, o | day and year) | June 9.1 | 061 | I last saw h. J. The elive on Mar - 1 3 193 | 19. Deld |
| 7. AGE Years | Months | Days | If LESS then | to heve occurred on the dete steted above, et 3 A.m. | gar , dectin 15 5012 |
| 74 | 5 | 10 | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows: | |
| 8 Trade profession or | perticular | 1 20 | 1 01 | were es follows. | Date of onset |
| kind of work don SAWYER, BOOKK | EEPER, etc | Retired | Fireman | Meleriosclerosis | 1925 |
| Industry or business work wes done, a SAW MILL, BANK | in which s SILK MILL, | &O Railr | 00 3 | A | |
| kind of work don SAWYER, BOOKK Industry or business work wes done, a SAW MILL, BANK 10. Date deceased lest w | | 1 | cime (years) | Chrome Myocardition | 1930 |
| this occupetion (n | | sp3 | nt in this 45 | <i>()</i> | ** |
| | | | | Other Contributory Canses of importence: | |
| 12. BIRTHPLACE (city or town (Stete or country) | | land | | There is Malket. | 1912 |
| 13. NAME C | raven Walk | | | Chang regrands | |
| 13. NAME C1 | town Facq | uier Co. | | Neme of operation | |
| (State of country | , | | | Whet test confirmed diagnosis? Wes there en | |
| 15. MAIDEN NAME | Judith I | unsford | | 23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following | |
| 16. BIRTHPLACE (city or | town) | | | Accident, suicide, or homicide? Date of Injury | , 19 |
| Stete or coun'ry |) Va | | | Where did injury occur? | |
| 17. INFORMANT Mrs. Harman A. Walker (Address) Point of Rocks. Md. | | | r | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR Place St Pau | REMOVAL Po | int of Re | ocks /22/35,19 | Menner of injury | |
| 19. UNDERTAKER M. | R. Etchiso | n & Son | | 24. Was diseese or injury in eny way related to occupation of deceased? | |
| | ederick.M | | | If so, specify | 7 |
| 20, FILED 230 20 | | 2 | 11.100 | (Signed) Jamuel Co. Hop | M. D |
| and the first of the second second | | | Registrar. | (Address) adamstown W | d |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|-------------|--|-----------------|--|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | S Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis ROM | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage 1935 | July 5,1927 | Peritonitis | 3 days ago | |
| NOT V. | 8- | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1

| 1) | BWRITE PLACY, WITH UNFADING INK-THIS IS A PERMANENT REACHD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. | |
|----------------------------|--|--|--|--|
| | REA RD. | Y. PHYSI | Exact sta | |
| INDING | RMANENT | XACTL | classified. | |
| ARGIN RESERVED FOR BINDING | IS IS A PE | e stated E | e properly | TION is very important. See instructions on back of certificate. |
| ESERVE | INK-THI | E should b | at it may b | on back o |
| AKGIN K | NFADING | oplied. AG | erms, so the | instructions |
| | WITH'U | refully sup | in plain te | tant. See |
| | PLA | hould be ca | OF DEATH | very impor |
| 5. INO. I | SWRITE | mation sl | CAUSE | TION is |
| 'n | 1 | 1 | 1 | |

| | F MARY | LAND- | CERTIFICATE OF DEATH 13040 |) |
|---|--|--------------|--|-------|
| 1. PLACE OF DEATH | - | | (46-0) 121 | |
| County Frederick | | | Registration Dist. No. | |
| Village or City Frederick | | | No. 321 E. Third St W | Ward |
| Length of residence in city or town where de | eeth occurred25_ | (l yrsmo: | f death occurred in a hospital or institution, give its NAME instead of street and number) | ds. |
| 2. FULL NAME Martin Jose | eph Walsh, | Sr. | If U. Veteran specify WARNONE | |
| (a) Residence: No. 321 E. Th | | | St., Ward. | |
| | (Usual place of | | If nonresident give city or town and State | |
| PERSONAL AND STATISTI | CAL PARTICE | JLARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE white | 5. SINGLE, MARRIE OR DIVORCED (* married | | 21. DATE OF DEATH November 12th., 193_5. (Month) (Peer (Day)) | |
| 5a. If married, widowed, or divorced | | | (Month) (Day) (Yeer | () |
| HUSBAND of (or) WIFE of Erma Wachter | 9 | | 22. MEREBY CERTIFY, That I attended deceased | from |
| 6. DATE OF BIRTH (month, day, end year) | y 8, 1880 | | I last saw h /m alive on Not 11. 19 35 death is | hies |
| 7. AGE Years Months | Days | If LESS than | to have occurred on the date stated above, at 11 • 58P m. | 3010 |
| 55 6 | | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 10. Date deceased last worked at this occupation (month and year) | red. Md. Po | olice For | | inset |
| (State or country) | | | Wine | |
| 13. NAME Martin J. Walsh | 1 | | | |
| 13. NAME Martin J. Walsh Ireland 14. BIRTHPLACE (city or town) (State or country) | | | Neme of operation Date of Date of Whet test confirmed diagnosis? A raw self- was there an europsy? | N |
| 15. MAIDEN NAME Mary Walsh | O.K | | 23. If death was due to external causes (VIOVENCE) fill in also the following: | - 4 |
| 15. MAIDEN NAME Mary Walsh 16. BIRTHPLACE (city or town) | | | Accident, suicide, or homicide? | |
| 17. INFORMANT Mrs. M. J. Wals (Address) Frederick, | | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | Manner of injury | |
| PlacZion Cem. Charlesv | 10ate@ 11/14 | , 1935 | Nature of injury | |
| 19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md. | | | 24. Wes disease or injury in any way related to occupation of deceased NO. If so, specify American Specific Signed. | P |
| 20, FILED 4 100 , 1915 | lanks are needed add | Registrat | (Signed) (Andress) J. Leave M. A. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| | Example II | | |
|---------------|--|---|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| 1915 | Attack of epilepsy | 1 week ago | |
| 1921 | Run over by street car | 1 week ago | |
| July 5, 1927 | Peritonitis | 3 days ago | |
| | | | |
| | Other contributory causes of importance: | | |
| May 1,1923 | Gastroenterilis | 1 year | |
| | | | |
| | 1915 1921 July 5, 1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: | |

V. S. No. 1

of OCCUPA-

| | STATE OF MARYLAND— | CERTIFICATE OF DEATH 13047 |
|------------|---|---|
| 1 | . PLACE OF DEATH | |
| | County Trederick | Registration Dist. No. |
| | Village or City Middletour | No. St., Ward |
| | Length of rasidance in city or town where death occurradyrs,mos. | death occurred in a horpital or institution, give its NAME instead of street and number) ds. Ilow long in U.S. if of foreign birth?yrsds. |
| 2 | FULL NAME Singleton al | and. |
| | (a) Residence: No. | St., Ward. |
| weathers | (Usual place of abode) | If nonresident give city or town and State |
| _ | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 1 | Male White 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. | If married, widowed, or directed HUSBAND of Gearl V. WIFE of Gearl V. Ward | 22. HEREBY CERTIFY, That attanded decessed from 19.35 to Novil 24 19.35 |
| 6. 1 | DATE OF BIRTH (month, day, and year) Oct. 27, 1862 | I last sew h. I. M. elive on Not 21/ 1935; daath Is said |
| 7. | AGE Years Months Days If LESS than | to have occurred on the date stetad abova, et _3Pm. |
| _ | 73 / 3 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causas of Importence were as follows: |
| NO | 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc Larmer | Date of onset |
| OCCUPATION | SAWYER, BDDKKEEPER, etc. A armer | (1) |
| UP | work was done, as SILK MILL, SAW MILL, BANK, atc. | Doranous of Olomos |
| 000 | 10. Date daceased last worked et this occupation (month and year) 4 (4.3.5 | Without Insufficiency? |
| 12 | BIRTHPLACE (city or town) Middletown | Other Contributory Causes of importanca: |
| 14. | (State or country) Mad. | PAINE MUNTANDITION (Oct 10) |
| ER | 13. NAME John Hard. | 11070 Carrier Carrier 1730 |
| FATHER | 14. BIRTHPLACE (city or town) Medallelown | Name of operation Date of |
| - | (State or country) | What test confirmed diagnosis? Was there en au'opsy? |
| TER. | 15. MAIDEN NAME Sallie House | 23. If daalh wes due to axtarnal causes (VIOL ENCE) fill in also the following: |
| MOTHER | 16. BIRTHPLACE (city or town) Middlellowrs | Accident, suicida, or homicide?Date of injury19 |
| Σ | (State or country) Md. | Whare did injury occur? (Specify city or town, county and State) |
| 17. | INFORMANT Gent Hard Mand (Address) Middletour Md. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. | BURIAL, CREMATION, DR REMOVAL | Manner of injury |
| | Pleca Leth Cimilery Date Dec 3, 1935 | Nature of Injury |
| 19. | UNDERTAKER Madrill Co. | 24. Wes disease of njury in any way ralated to occ::pation of degeased? No |
| | (Addiss) Middleton and | If so, spacify |
| 20. | FILED Dee 3 , 19.33 De pratiporto Descritor. | (Signed) UN MODELLE (Signed) M. D. (Address) RAUMULTIAL MAD. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis DEC 5 1535 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S. | ly 5,1927 | Peritonilis | 3 days ago |
| The second secon | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| -WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
|--|--|--|--|
| Jo w | plno | 000 | |
| ite | sh | Jo | / |
| very | IANS | ment | |
| ZD. E | ZSIC. | state | |
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| MAN | AC | lassi | |
| PER | E | ly c | ste. |
| 4 | ated | oper | tifica |
| Sis | st | pr | cer |
| H | l be | be . | Jo 3 |
| K-T | hould | t may | TION is very important. See instructions on back of certificate. |
| Z | (H) | ati | s on |
| ING | AG | o th | tion |
| FAD | ied. | as, s | truc |
| | lddn | tern | e ins |
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| WI | ln je. | in p | ant. |
| LY, | car | TH | port |
| j | l be |)EA | im |
| PL | houl | OF 1 | very |
| TE | s u | SE | Is. |
| -WR] | natio | CAU | LION |
| | 100 | D. State | - |

| STATE OF MARYLAND—CERTIFICATE OF DEATH 13 | 145 |
|---|-----|
|---|-----|

| 1. PLACE OF DEATH | Z. 1 | | <u></u> | 11/1 |
|--|--------------------------------------|------------------------------------|---|------------------------|
| County 08:1011 | rearrick | | Registration Dist. No. 🟒 | 70 |
| Village or City De tou | r | | No | St.,Ward |
| Length of residence in city or town | where deeth occurred | | f death occurred in a hospital or institution, give its NAME instead of streetsds. How long in U.S. If of foreign birth?yrs | |
| 2. FULL NAMELOWIS | Jacob Warn | er | | |
| (a) Residence: No. | | | St. Ward. | |
| (1) 110011101111011111111111111111111111 | (Usual place | of abode) | If nonresident give city or tov | wn and State |
| PERSONAL AND STA | TISTICAL PART | ICULARS | MEDICAL CERTIFICATE OF DEA | ТН |
| 3. SEX 4. COLOR OR RA | S. SINGLE, MAI OR DIVORCE Marr | RRIED, WIDOWED, D (write the word) | 21. DATE OF DEATH (Month) (Qey) | . 193 J |
| 5e. If merried, widowed, or divorced | tambaugh | | 22. MA I HEREBY CERTIFY, Thet I at | |
| 6. DATE OF BIRTH (month, day, and yeer | Jan 13,186 | 56 | I last saw h Linealive on Nov. 6 | 9.35 deeth is seid |
| 7. AGE Years Mod | nths Deys | If LESS then | to heve occurred on the dete stated above, et | 48 A 24 |
| 69 9 | 24 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance | ie |
| Trade, profession, or particuler | - Johanan | 1 41 | - | Date of onset |
| kind of work done, es SPINN SAWYER, BOOKKEEPER, etc. | ier, laborer | | Mluna | Sola |
| Lind of work done, es SPINN SAWYER, BOOKKEPER, etc 9. ladustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete decessed last worked at this occupation (month and | L, | | | |
| 10. Dete deceesed last worked at this occupation (month end yeer) | 991/ Sps | time (yeers) | | |
| Mi | d. | | Other Contributory Chases of importence: | ne |
| 12. BIRTHPLACE (city or town) | | | With a second as Och | 0 19 |
| 13. NAME Jacob Wari | ner | | Mellera lat va | 841 |
| 13. NAME JECO D WAT 1 | Pa | | Name of operation Suprassipular Contrology | 0.0 111 |
| 14. BIRTHPLACE (city or town) (State or country) | | | 1000 | 10 of purey 1 7.3 |
| 15. MAIOEN NAME Mary Ro | ouser | | | ere an eutopsy?_School |
| H | Ma | | 23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the fo | |
| O 16. BIRTHPLACE (city or town) (Stete or country) | | | Accident, suicide, or homicide? Date of injury_ | , 19 |
| | | | Where did Injury occur? (Specify city or town, county a | |
| 17. INFORMANT Mrs. L. J. WE | De tour 1 | va | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBI | LIC PLACE |
| (Address) 18. BURNAL CREMATION, GO REMOVAL | Md. | | Manageratic | |
| Proder Ladieshi | on Date Nov. | 9 1935 | Manner of injury | |
| | | | Nature of injury | 7. |
| 19. UNOERTAKER C.O.FUSS (Address) Tane | & SON Wd. | | 24. Wes diseese or injury in any way releted to occupation of deceas | ed? |
| 1 | 01 | 2 // 0 | If so, specify | trous! |
| 20. FILED / 00 7 , 1935 - | 3010 | well | (Signed (Signed) | To the second |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

V. S. No. 1

-WRITE PLA

m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | min. | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | | 1 year |
| | | | |

| ADDITIONAL SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------|-----|---------|------------|----|-----------|
|------------------|-----|---------|------------|----|-----------|

of OCCUPA.

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

13049

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 6. DATE OF BIRTH (month, day, and year) April 24 I880 7. AGE Years Months Oays If LESS than 1 dey, hrs. or min. 8 Trade, profassion, or particular kind of work done, as SPINNER, Broker. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, | |
|--|------------------|
| Length of residence In city or town where dasth occurred yrs. mos. 5 ds. How long In U.S. If of foreign birth? yrs. mos. 5 ds. Mary long In U.S. If of foreign birth? yrs. mos. 1 ds. Yrs. wrs. 1 ds. Yr | 9 |
| (a) Residence: No. Germantown, Montgomery, SCO. Ward. Maryland. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower 4. COLOR OR RACE White White Widower 4. COLOR OR RACE White Widower 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower 5. LI marriad, widowed, or divorced HUSBAND of (or) WIFE of Unknown. 2. I HEREBY CERTIFY. That I attended do Oct. 28 1935, to Nov. 2 I last saw him alive on Nov. 2 1935, to have a courred on the data stated above, at 3. 25P m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | Ward was ds. |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White Sa. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Unknown. 4. DATE OF BIRTH (month, day, and year) April 24 I880 7. AGE Years Months Days If LESS than I dey, hrs. or min. If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH NOVEMBER 21. DATE OF DEATH NOVEMBER (Month) (Oay) 22. I HEREBY CERTIFY. That I attended do OCt. 28 1935, to Nov. 2 I last saw him alive on Nov. 2 1 last saw him alive on Nov. 2 2 last saw him alive on Nov. 2 2 last saw him alive on Nov. 2 3 last saw him alive on Nov. 2 3 last saw him alive on Nov. 2 4 las | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWEY 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Unknown. 6. DATE OF BIRTH (month, day, and year) April 24 I880 7. AGE Years Months Oays If LESS than 1 dey, hrs. or min. 1 dey, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | State |
| Male White OR DIVORCED (write the word) Widower 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Unknown. 6. DATE OF BIRTH (month, day, and year) April 24 I880 7. AGE Years Months Oays If LESS than 1 dey, hrs. or min. 55 6 8 1 dey, hrs. or min. 1 dey, hrs. or min. | |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Unknown. 22. I HEREBY CERTIFY. That I attended do OCt. 28, 1935, to Nov. 2 6. DATE OF BIRTH (month, day, and year) April 24 I880 7. AGE Years Months Days If LESS than 1 dey, hrs. or min. 55 6 8 1 dey, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | 198 35 (Year) |
| 6. DATE OF BIRTH (month, day, and year) April 24 I880 7. AGE Years Months Oays If LESS than 1 dey, hrs. or min. 1 dey, hrs. or min. 1 dey, hrs. or min. | |
| 7. AGE Years Months Oays If LESS than to have occurred on the data stated above, at 3.25P mM. 55 6 8 Idey, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | , 19_35 |
| 55 6 8 1 dey,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | death is said |
| 8 Trade, profassion, or particular kind of work done, as SPINNER, Broker. 9 Industry or business in which work was done, as SILK MILL, SAW Wall PANK at the second secon | Oate of onset |
| year) occupation occupation | June 935 |
| 12. BIRTHPLACE (city or town) Maryland . Other Contributory Causes of importance: | |
| 13. NAME Horace D. Waters | |
| 13. NAME Horace D. Waters 14. BIRTHPLACE (city or town) (State or country) Maryland. Neme of operation. none Pos. Spublicing. What test confirmed diagnosis Chest X Ray Was there an au | tonsy? NO |
| 15. MAIOEN NAME Baleria Pumphrey 23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Where did injury occur? | , 19 |
| (Specify city or town, county and State) 17. INFORMANT Herbert D. Waters Sr. (Address) Germantown Md. (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE (Address) Germantown Md. | ČE. |
| 18. BURIAL, CREMATION, OR REMOVAL Montgomery, Co PlaceNeelsville, Md. Date Nov. 5 , 135 Natura of Injury | |
| 19. UNDERTAKER M. L. Creager, (Address) Thur mont, May 24. Was disease or injury in any way related to occupation of deceased? In the so, specify of the specific of the spec | 0 |

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related caus of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis . | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

of OCCUPA-

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (8)-n |
| County tredericks | Registration Dist. No. 2 3 0 |
| Village or City Braddock Heights | No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurred 7.5_yrs 3 mos | |
| 2. FULL NAME Malissa Vinginia | Whipp |
| (a) Residence: Np. Braddock Leight | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH NW 1 193 5 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of | 22. LHEREBY CERTIFY, That I attended deceased from |
| (4) 111251 | (OC) 1965, to NA 7 193 |
| 6. DATE OF BIRTH (month, day, and year) Queles, 13 1860 | I last saw h alive on ; death Is sai |
| 7. AGE Years Month Days If LESS than | to have occurred on the date stated above, atm. |
| 75 3 24 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows |
| 9 Trade proteonion or particular | Selening Date of one |
| kind of work done, as SPINNER, House Kerfeer | 17 Verticular |
| Solution of the state of the st | 1 / |
| SAW MILL, BANK, etc | |
| O this occupation (month and spont in this year) | |
| B 11-271:14 | Other Contributory Conses of importance: Aleman Col |
| 12. BIRTHPLACE (city or town) Shape (Outry) (State or country) | Esper of profit ex |
| The state of the s | forderen fuffeld 183 |
| E A III | |
| 4. BIRTHPLACE (city or town) | Name of operation Date of |
| | What test confirmed diagnosis? Was there an au'opsy? |
| I I | 23. If death was due to external ceuses (VIOLENCE) fill In also the following: |
| [State or country] | Accident, suicide, or homicide? |
| Collectify marigania. | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANT Badda A Hekahta Md. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Mt. Scanlemetery Data lov. 11, 1933 | Nature of injury |
| 19. UNDERTAKER & ladbill Co. | 24. Was diseasa or injury in any way related to occupation of deceased? |
| (Address) middle four md. | If so, specify |
| 20. FILED NOO 11 1936 & Fray mondones | (Signed) M. |
| Registrar. | (Address) frequent of |
| If more blanks are needed, address State Registrar, | 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | - | Example 11 | |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis OFC 5 1900 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. 5 | - 14 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

PHYSICIANS should state

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

AGE should be

mation should be carefully supplied.

-WRITE PLANTY,

N. B.

of OCCUPA.

Exact statement

STATE OF MARYI AND—CERTIFICATE OF DEATH

| | 1 1 | 31 | 15 | 5 | 1 |
|---|-----|-----|----|---|---|
| 3 | () |) ! | 1 | 5 | 9 |

| 1. PLACE OF DEATH | | 22/ | |
|--|---|--|----------|
| County Frederick. | | Registration Dist. No. 139 | |
| Village or City TATE SA | NATORIUM. Meath occurredyrs.3mos | ND. St., death occurred in a hospital or institution, give its NAME instead of street and number 15. ds. How long In U.S. if of foreign birth? yrs. mos. | _Ward |
| 2. FULL NAME Catherin (a) Residence: No. 1624 Mo | 0 | St., Balwinnore, Maryland. If nonresident give city or town and State | |
| PERSONAL AND STATISTI | CAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| S. SEX 4. COLOR OR RACE Female White 5s. If merried, widowed, or divorced | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single. | 21. DATE OF DEATH November 20 195 (Month) (Day) (Y | (ear) |
| HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) F 7. AGE Years Months | Days If LESS than | 22. 1 HEREBY CERTIFY. That I attended decease Aug., 5 ,1935 to NOV. 20 ,1935 deet to have occurred on the date stated above, at 4 . 45P | , 35 |
| 8 Jrade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupetion (month and year) | occupation | Pulmonary Tuberculosis Ma | y 3.5 |
| (State or country) Mary | land. | | |
| 13. NAME Arthur Wrig | ht. | | |
| | land. | Name of operation DONE Date of Whet test confirmed diagnosis Chest X-Ray Was there an autopsy | no |
| 16. BIRTHPLACE (city or town) (State or country) Penna 17. INFORMANT Gatherine V. | Wright | 23. If death wes due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? | |
| (Address)Baltimore, Ma 18. BURIAL, CREMATION, OR REMOVAL PlaceBalto. Md. | | Manner of injury | |
| 19. UNDERTAKER M. L. Creager, (Addiess), Thurmont, Md | Registrar. | 24. Was diseese or injury in any way related to occupation of deceased? NO If so, specify Address State Sana Louin 1 | M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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| Cerebral hemorrhage FC 5 1975 | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| GARGAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |